

<p>FOR OFFICIAL USE ONLY</p> <p>Date Received: _____</p> <p>Licence Number: _____</p>
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**APPLICATION FOR A BEVERAGE CONTAINER DEPOT LICENCE**

1. Name of Applicant: \_\_\_\_\_

2. Please specify, by checking the appropriate box and providing the other required information, if you are applying as:

Individuals(s)

Partnership

If partnership, provide names of the partners and the name under which the partnership operates:

Names of Partners: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Partnership: \_\_\_\_\_

Corporation

Society

Other

Specify type of organization: \_\_\_\_\_

3. If you are applying as a partnership, corporation, or society, are you registered under the applicable Northwest Territories' legislation with the Legal Registries Division of the Department of Justice, Government of the Northwest Territories in order to carry on business in the Northwest Territories?

Yes

No

4. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Name of Contact Person: \_\_\_\_\_

6. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

7. Street address of proposed facility: \_\_\_\_\_

\_\_\_\_\_



12. Do local zoning by-laws allow for the operation of the facility as a depot from the proposed location?

Yes  No

13. Have you consulted with your local planning authorities regarding this application?

Yes  No

If yes, briefly describe who you have contacted and what conditions, if any, may apply to the operation of the proposed facility from your chosen location?

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14. Have you read and understood the Beverage Container Depot Set-Up and Operation manual?

Yes  No

15. Are you familiar with the estimated quantities of beverage containers that may be received at your proposed facility? If no, please contact our office for estimated quantities in your area prior to completing this application.

Yes

16. Please attach to this application a statement indicating the estimated income you expect to earn and expenses you expect to incur over the first two years of operation of your proposed facility.

17. Have you been convicted of an offence or offences under the *Waste Reduction and Recovery Act* within the last five (5) years?

Yes  No

If yes, please provide particulars as to the offence(s) for which you were convicted and the date of your conviction(s).

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18. Have you ever been, or are you now, registered as a distributor or the holder of one or more depot or processing centre licenses under the *Beverage Container Regulations*?

Yes

No

If yes, has your registration or have your licences ever been suspended or cancelled?

Yes

No

If yes, please indicate the reasons for which your registration or your licences were suspended or cancelled and the period for which the suspension or cancellation was, or is, in effect.

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**CERTIFICATION**

**I/We hereby certify that:**

- 1. The above statements are true to the best of my/our knowledge and belief;**
- 2. I am/We are the applicant(s) applying for the licence or I am/we are authorized to make this application on behalf of the applicant; and,**
- 3. If a licence is issued to the applicant, the applicant undertakes to comply with the provisions of the *Waste Reduction and Recovery Act, the Beverage Container Regulations*, and the Terms and Conditions of the licence issued to the applicant.**

**Applicant's Name(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Signature(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

Please note that additional relevant information may be required to determine whether you should be granted a licence and for the purposes of determining the appropriate terms and conditions to be imposed on any licence which might be issued to you. Should this be the case, the Chief Environmental Protection Officer, or his or her authorized delegate, will contact you.

For assistance in completing this form or to submit a completed application form, please contact:

Environmental Protection Division  
Department of Environment and Natural Resources  
Government of the Northwest Territories  
5102 - 50th Avenue (7th Floor - Scotia Centre)  
P.O. Box 1320  
Yellowknife NT X1A 2L9  
Attention: Solid Waste Specialist  
Phone: (867) 873-7654  
Fax: (867) 873-0221

Or, visit your local Renewable Resource Officer or Economic Development Officer.