

38B John Street, Yarmouth, NS B5A 3H2 Phone: 902-742-6167 Fax: 902-742-8391



## Team Seafood Nova Scotia **Employer Application**

Applications will be accepted from April 1 to June 30 (some exceptions may apply).

## **EMPLOYER INFORMATION**

Business Name:	NS License #:		
Mailing Address:			
ntact Person: Position of Contact Person:			
Telephone Number:	mber: Fax Number:		
Email Address:			
Major Product/Species:	ct/Species: Number of Employees:		
Please select one of the following options:   Buyer   Processo  NOTE: When an employer's application is approved, applicants will reparticipate in the Team Seafood program.	'	that they may	
DECLARATION			
By submitting this application form, I acknowledge and agree with	the following:		
I certify that I have read and understood the Employer Guidelines	provided		
I declare:  a) to the best of my knowledge and ability that the information p b) that, if the information described above is false or misleading, that may be approved by the Nova Scotia Fisheries Sector Co	I may be required to repay some or all of the	financial assistance	
I agree that the information I have provided in this application can agreement	be subject to a proof of evidence request at a	ny time during this	
l agree that I may be contacted as a follow up to determine my feed	dback on the program		
Signature			
Business Contact Name (print)	Business Contact Signature	Date	

## Return completed form and confirmation of enrollment to:

Nova Scotia Fisheries Sector Council Brandy MacDonald 38B John Street, Yarmouth, NS B5A 3H2

Phone: 902-742-6167 Fax: 902-742-8391 Email: brandy@nsfsc.ca Website: www.fishjobs.ca

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Official Use Only		
Date Approved:		