



# PROGRAM ENROLMENT

I prefer future correspondence in  English    Langue de correspondance préférée  français

|            |            |         |           |           |
|------------|------------|---------|-----------|-----------|
| Salutation | First Name | Initial | Last Name | Job Title |
|------------|------------|---------|-----------|-----------|

|                  |               |                 |
|------------------|---------------|-----------------|
| Address (Line 1) | Primary Phone | Secondary Phone |
|------------------|---------------|-----------------|

|                  |               |            |
|------------------|---------------|------------|
| Address (Line 2) | Email Address | Fax Number |
|------------------|---------------|------------|

|           |          |             |         |                 |              |
|-----------|----------|-------------|---------|-----------------|--------------|
| City/Town | Province | Postal Code | Country | County/District | Municipality |
|-----------|----------|-------------|---------|-----------------|--------------|

|  |   |  |
|--|---|--|
| Type of Business<br><input type="checkbox"/> Producer <input type="checkbox"/> Processor<br><input type="checkbox"/> Organization <input type="checkbox"/> Collaboration | Gross Business Revenue  | Do You have a Premises ID?   |
|  | <input type="checkbox"/> \$0-\$6,999 <input type="checkbox"/> \$7,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
|  | <input type="checkbox"/> \$100,000-\$249,999 <input type="checkbox"/> \$250,000-\$499,999 <input type="checkbox"/> \$500,000-\$999,999 <input type="checkbox"/> \$1,000,000 - \$1,999,999<br><input type="checkbox"/> \$2,000,000 - \$2,999,999 <input type="checkbox"/> \$3,000,000 - \$3,999,999 <input type="checkbox"/> \$4,000,000 - \$4,999,999 <input type="checkbox"/> \$5,000,000 and over | (Obtain your Premises ID at <a href="http://www.ontarioppr.com">www.ontarioppr.com</a> ) |

|   |   |
|---|---|
| <b>Business / Organization</b> (This is the name under which the client operates) | <b>Business Location - Address (Line 1)</b> <input type="checkbox"/> Same as my mailing address |
|---|---|

|  |                  |
|--|------------------|
| <b>Legal Name of Business / Organization</b> (The complete legal name under which the client operates)<br><input type="checkbox"/> Same as above or: | Address (Line 2) |
|--|------------------|

|  |           |       |             |                                     |
|--|-----------|-------|-------------|-------------------------------------|
| Mailing Address <input type="checkbox"/> Same as above | City/Town | Prov. | Postal Code | Emergency Coordinates (911 Address) |
|--|-----------|-------|-------------|-------------------------------------|

|                  |                 |              |         |
|------------------|-----------------|--------------|---------|
| Address (Line 2) | County/District | Municipality | Country |
|------------------|-----------------|--------------|---------|

|           |       |             |         |               |                 |
|-----------|-------|-------------|---------|---------------|-----------------|
| City/Town | Prov. | Postal Code | Country | Primary Phone | Secondary Phone |
|-----------|-------|-------------|---------|---------------|-----------------|

|                 |              |            |         |
|-----------------|--------------|------------|---------|
| County/District | Municipality | Fax Number | Website |
|-----------------|--------------|------------|---------|

**Ownership Structure**  Sole Proprietorship    Registered Professional Partnership    Incorporated Business    Cooperative    Community or other Not for Profit  
 Broader Public Sector    First Nations or Metis Community or Organization    Other \_\_\_\_\_ Number of years using this ownership structure: \_\_\_\_\_

**Facility**  Farm    Head Office - Divisional    Retail Outlet    Head Office    Head Office - Produce Co-Packed    Sales Office  
 Head Office - Franchisee    Plant Location    Research and Development    Warehouse/Distribution Site

**Business Number - Canada Revenue Agency Client Number**  
The Business number is a 9-digit business identifier used in Canada to which clients can register program accounts with the Canada Revenue Agency (CRA). The program account number consists of three parts: The Business Number, the two letter program identifier, and the four digit reference number.  
<http://www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html>

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | RC | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----|----------------------|----------------------|----------------------|----------------------|

**Farm Business Registration Number (FBRN)**  
A Farm Business Registration Number (FBRN) for a qualifying farm business can be received by registering with the OFA, CFFO or NFU-O. This is a seven (7) digit number. Farm businesses that declare gross farm income of \$7,000 or more (for income tax purposes) are required by legislation to register their business.

|                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**AgriInvest / AgriStability Personal Identification Number**

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**Exemption:** If you do not have a FBRN, and qualify for religious, cultural or new farmer exemption, please select that option below. Further documentation may be required to verify your exemption status.  
 None    My business / organization qualifies for religious exemption  
 My business / organization qualifies for cultural exemption    I am a new farmer

Is your business / organization certified organic (or in transition to become certified)? Further documentation may be required to verify your status.  
 Yes, my business / organization is certified organic    My business / organization is in transition towards organic certification  
 My business / organization is not certified organic

**Primary Commodity - Identify with Letter A Secondary Commodity - Identify with Letter B**

This commodity contributes to the majority of gross income. Choose one.

This commodity contributes to at least 25% of gross income. Choose one

**Crop Production**

- \_\_\_ Oilseed and grain
- \_\_\_ Vegetable and melon
- \_\_\_ Fruit and tree nut
- \_\_\_ Greenhouse, nursery and floriculture
- \_\_\_ Other \_\_\_\_\_

- \_\_\_ Meat processing and meat product manufacturing
- \_\_\_ Beverage manufacturing
- \_\_\_ Seafood processing, preparation and packaging
- \_\_\_ Grain and oilseed milling
- \_\_\_ Bakeries and tortilla manufacturing
- \_\_\_ Fruit and vegetable preserving/processing
- \_\_\_ Specialty food manufacturing
- \_\_\_ Sugar and confectionary product manufacturing
- \_\_\_ Animal food manufacturing
- \_\_\_ Other \_\_\_\_\_

- \_\_\_ Pesticide, fertilizer and other agricultural chemicals
- \_\_\_ Paint, coating and adhesives
- \_\_\_ Soap and cleaning compounds
- \_\_\_ Other \_\_\_\_\_

- \_\_\_ Food, beverage and tobacco merchant wholesaler
- \_\_\_ Machinery, equipment and supplies merchant wholesaler
- \_\_\_ Food and beverage stores
- \_\_\_ Other \_\_\_\_\_

**Animal Production**

- \_\_\_ Beef cattle, including feedlots
- \_\_\_ Dairy cattle and milk production
- \_\_\_ Hog and pig
- \_\_\_ Poultry and egg
- \_\_\_ Sheep and goat
- \_\_\_ Aquaculture
- \_\_\_ Horse and other equine
- \_\_\_ Other \_\_\_\_\_

- \_\_\_ Fruit and vegetable preserving/processing
- \_\_\_ Specialty food manufacturing
- \_\_\_ Sugar and confectionary product manufacturing
- \_\_\_ Animal food manufacturing
- \_\_\_ Other \_\_\_\_\_

**General Manufacturing**

- \_\_\_ Tobacco manufacturing (Note: cigarette manufacturing is not eligible under GF2)
- \_\_\_ Fibre, yarn and thread mills
- \_\_\_ Fabric mills
- \_\_\_ Converted paper product manufacturing
- \_\_\_ Agricultural, construction and mining machinery manufacturing
- \_\_\_ Other \_\_\_\_\_

**Other**

- \_\_\_ Support activities for crop production
- \_\_\_ Support activities for animal production
- \_\_\_ Electric Power Generation
- \_\_\_ Water supply and irrigation
- \_\_\_ Rail transportation
- \_\_\_ Truck transportation
- \_\_\_ Warehousing and storage
- \_\_\_ Professional, Scientific and Technical Services
- \_\_\_ Other / Not Applicable

**Food and Beverage Processing**

- \_\_\_ Dairy product manufacturing

**Chemical Manufacturing**

- \_\_\_ Basic organic chemicals
- \_\_\_ Pharmaceutical and medicine
- \_\_\_ Resin, synthetic rubber, and artificial

**Wholesale and Retail Sales**

- \_\_\_ Farm product merchant wholesaler

**Authorized Signing Authority of Business/Organization**  I have signing authority for this business or organization.

First Signing Authority: Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Job Title \_\_\_\_\_

Second Signing Authority: Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Job Title \_\_\_\_\_

**Shareholders**

List additional primary shareholders if the business or organization is jointly owned (up to three)

Shareholder: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Shareholder: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Shareholder: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**For Producers Only**

**Livestock:** Indicate the approximate number of livestock on the business / organization in the past twelve months.

| Beef Cattle | Dairy Cattle | Hogs | Poultry | Other Livestock (description) |
|-------------|--------------|------|---------|-------------------------------|
|             |              |      |         |                               |

**Farmland:** Indicate farmland associated with your business / organization that you own, rent or lease.

| Acres Owned (Crop or Pasture) | Acres Owned (Non-Crop or Non-Pasture) | Acres Rented/Leased | Number of Acres Irrigated |
|-------------------------------|---------------------------------------|---------------------|---------------------------|
|                               |                                       |                     |                           |

**Summary**

Please take a moment to review the information you have provided and ensure it is accurate.

**Terms and Conditions**

Notice to Collect Personal Information: Your personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the Ontario Ministry of Agriculture and Food and Ministry of Rural Affairs, 1 Stone Rd W, Guelph ON N1G 4Y2, phone 1-877-424-1300 or TTY 1-855-696-2811.

For further GF2 information, please refer to [www.ontario.ca/growingforward2](http://www.ontario.ca/growingforward2) or call 1-877-424-1300.

By checking the box below, I/We declare the information above to be true and correct and I/We agree to abide to all the program rules, procedures and conditions. I/We consent to the release of this information to the Ontario Ministry of Agriculture and Food (OMAF) and Ministry of Rural Affairs (MRA), and associated program partners for the purposes of future programming, program promotion and program evaluation.

I have read and agree to all the preceding terms and conditions.

Name of Signing Authority \_\_\_\_\_ Signature of Signing Authority \_\_\_\_\_ Date \_\_\_\_\_

**Submit your form to:** Growing Forward 2 Program Enrolment  
1 Stone Road West, 4NW, Guelph, ON N1G 4Y2  
Fax: 519-826-4336

**For Office Use Only**

Received by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: (yyyy/mm/dd) \_\_\_\_\_