

TYPE OF FACILITY

RESOURCE USE

Lodge units capacity

Permanent
 Semi-Permanent
 Private Residence Occupied Yes No

Outcamp units capacity

Permanent
 Semi-Permanent
 Private Residence Occupied Yes No

Portable Camp

Tent units capacity

Trailer units capacity

Motorhome units capacity

Houseboat units capacity

Campground units capacity

Related Facility

Shelter units _____
 specify use

Cache boats _____
 other (specify)

Angling Hunting

Species	Resident	Non-Resident
Black Bear	<input type="checkbox"/>	<input type="checkbox"/>
Moose	<input type="checkbox"/>	<input type="checkbox"/>
Deer	<input type="checkbox"/>	<input type="checkbox"/>
Caribou	<input type="checkbox"/>	<input type="checkbox"/>
Elk	<input type="checkbox"/>	<input type="checkbox"/>
Game bird	<input type="checkbox"/>	<input type="checkbox"/>
Waterfowl	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Ecotourism _____
 Please specify
 Include details in operational plan

Game Hunting Area(s) – Specify by Species (also required for game bird and waterfowl)

Note: Depending on the type of facility being applied for, appropriate building plans approval, site plan, floor plan, and/or pictures must be provided with this application. Please refer to the *Licensing/Permitting Requirements for Outfitters* guidebook for more information.

PERIOD OF OPERATION

All Year

Seasonal From _____ to _____ Total Days/Year _____
 Month Month

METHOD OF OPERATION

A) MANAGEMENT:

- Name of Manager (**lodge**) _____
- Name of Manager (**outcamp**) _____
 (outcamps with capacity of 6 or more are required to have camp management)
- Number of Employees: Full Time _____ Part Time _____

B) SERVICES TO BE PROVIDED:

- Guide Services _____
- Accommodation _____
- Food Service _____
- Rentals _____
- Other _____

C) OPERATIONAL PLAN / DEVELOPMENT PLAN (where applicable): **Please provide details of your proposal on a separate sheet**

D) EQUIPMENT: List all equipment to be used in conjunction with your facility/service on a separate sheet

FINANCIAL DATA

Planned Total Investment for Proposed Development or Expansion		
\$ _____ First Year	\$ _____ Second Year	\$ _____ Third Year
1. Value/Cost of Land \$ _____	9. How to you intend to finance?	
2. Cost of Site Improvements \$ _____	10. Name and Address of Financial Institution	
3. Cost of Buildings \$ _____		
4. Cost of Furnishings \$ _____		
5. Cost of Equipment \$ _____	11. References	
6. Total Capital Cost \$ _____		
7. Total Equity \$ _____		
8. Total Financing Required \$ _____		

DECLARATION

I (We) expressly consent to the Manitoba Government conducting a prerequisite background check for the purpose of determining my (our) eligibility for establishing, constructing, modifying, expanding or moving a resource tourism facility.

I (We) understand and certify that the above information is complete and accurate to the best of my (our) knowledge.

I (We) enclose the non-refundable application fee of \$_____ made payable to the Minister of Finance.

Application Fees:

- Lodge \$200 • Outcamp \$100 • Portable Camp \$100 • Campground \$100 • Related Facility \$25 •
- Structurally Alter/Expand/Move Lodge \$125 • Structurally Alter/Expand/Move Outcamp \$50 •
- Move/Expand Portable Camp \$50 • Expand Area of Operation \$25 •

	Applicant Name (Please Print)
Date	Applicant Signature