



Saskatchewan Beekeepers Development Commission

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2018 REFUND CHECK-OFF FORM

The Agri-Food Act, 2004

THE BEEKEEPERS DEVELOPMENT PLAN REGULATIONS, 2017 –

REFUND OF LEVY

Order No. 09/17.

The SASKATCHEWAN BEEKEEPERS DEVELOPMENT COMMISSION, pursuant to the provisions of *The Beekeepers Development Plan Regulations, 2017* and *The Agri-Food Act, 2004* hereby determines and orders as follows:

1 A request for a refund of levy shall:

- (a) be made in writing on a form that is provided by the commission;
- (b) be submitted to the commission via registered mail; and
- (c) contain the following information:
 - (i) the beekeeper's name;
 - (ii) the beekeeper's mailing address and phone number;
 - (iii) the legal description of the land on which the beekeeper has colonies in production; and
 - (iv) any specifics of the refund request.

2 Requests for a refund that are submitted via registered mail and received by the commission at its head office within the time period stated in clause 23(1)(a) of the regulations shall be considered by the commission, and the beekeeper will be entitled to a refund in respect to the levy in question.

3 Order No. 06/16 – Refund of Levy is hereby wholly revoked.

4 This order will remain in effect for a period no longer than 10 years from the date this order is approved by the council.

Order No. 06/16 is made pursuant to section 23 of *The Beekeepers Development Plan Regulations, 2017* and shall be effective upon the date of this Order. By order of the Saskatchewan Beekeepers Development Commission.

Beekeeper Information (Please Print)

First Name: _____ Last Name: _____

Apiary or Operating Name: _____

Mailing Address: _____
City/Town: _____ POCode: _____

Phone: _____ Cell: _____ Email: _____

Year of Check-Off: _____ Colonies Registered: _____

Legal Land Description(s): _____

Specifics of Refund Request: _____

Declaration:

I request a refund of my check-off fee. I understand that by requesting this refund, I relinquish my membership voting rights and benefits for the current year and that I will be exempted from seeking election to the Board of Directors. I further understand that I will be required to pay the commission check-off in the coming year, based on my anticipated colony count and the commission fee pertaining to that year.

X _____ Name: _____ Date of Signature: _____
(Signature of Beekeeper) (Print name) YYYY-MM-DD (please print)

X _____ Name: _____ Date of Signature: _____
(Commissioner of Oaths) (Print name) YYYY-MM-DD (please print)

NOTE: Complete this form in its entirety and mail back it back to the SBDC Office via registered mail. This form must be submitted on or after October 15 and on or before November 15 inclusive (no email or regular mail will be accepted).

