

Application for Agricultural Lease and Grazing Allocation

Auctions, Assignments, Grazing Associations and Renewals

PART 1 – TYPE OF APPLICATION (check the appropriate box).

☐

INDIVIDUAL (lease will be issued in the name of a single applicant).

First name _____ Middle name _____ Last name _____
Address _____ City or town _____ Province _____ Postal Code _____
Phone No. _____ Cell No. _____ Email _____

OR

☐

CO-LESSEE (lease will be issued in the names of all applicants). Each co-lessee will have an equal and undivided interest to use and possession of all of the leased lands. Please indicate if the co-lessees are to be tenants in common or joint tenants.

☐

Tenants in common - if a tenant in common dies, the interest passes to the estate of the deceased - the estate holds an equal interest until the estate is settled.

☐

Joint tenants - if a joint tenant dies, his/her interest in the lease dies as well; the survivor continues to hold a full interest - joint tenants have the 'right of survivorship'.

Primary Contact:

First Name _____ Middle name _____ Last name _____
Address _____ City or town _____ Province _____ Postal code _____
Phone No. _____ Cell No. _____ Email _____

Co-lessee Contact:

First Name _____ Middle name _____ Last name _____
Address _____ City or town _____ Province _____ Postal code _____
Phone No. _____ Cell No. _____ Email _____

Does this Co-lessee require copies of all correspondence and invoices? Yes ☐ No ☐

By answering "no" to the above question, I acknowledge that I will not receive any invoices/statements in respect of the Lease from the Minister. The lessee designated as the primary contact will receive all invoices/statements. I agree that I will not raise a lack of notice of invoices as a defense to any claim by the Minister pursuant to the Lease. I also acknowledge that I may cancel this agreement at any time by providing written notice to the Minister, and the Minister will provide notice of all subsequent invoices/statements.

Co-lessee Contact:

First name _____ Middle name _____ Last name _____
Address _____ City or town _____ Province _____ Postal code _____
Phone No. _____ Cell No. _____ Email _____

Does this Co-lessee require copies of all correspondence and invoices? Yes ☐ No ☐

By answering "no" to the above question, I acknowledge that I will not receive any invoices/statements in respect of the Lease from the Minister. The lessee designated as the primary contact will receive all invoices/statements. I agree that I will not raise a lack of notice of invoices as a defense to any claim by the Minister pursuant to the Lease. I also acknowledge that I may cancel this agreement at any time by providing written notice to the Minister, and the Minister will provide notice of all subsequent invoices/statements.

OR

☐

CORPORATION (lease will be issued in the name of the corporate entity). The corporation must be registered with Information Services Corporation (Corporate Registry) AND a copy of the Certificate of Incorporation must be included with the application. List the shareholders and percent of shares held by each.

Registered Name of Corporation _____

Address _____ City or town _____ Province _____ Postal code _____

Phone No. _____ Cell No. _____ Email _____

Shareholder Name	% of Shares Held	Address	Phone No.

PART 2 - LEGAL DESCRIPTION OF CROWN LAND, NAME OF GRAZING ASSOCIATION OR LEASE LOT NO. BEING APPLIED FOR

Legal Land Description, Grazing Association or Lease Lot No.: _____

RM No.: _____

Existing Lease No.(assignments, renewals): _____

PART 3 - AGRICULTURAL LAND BASE (include total acreage of all lands owned, rented and leased under written and verbal agreements, as of the date of this application).

1. Total acres of Cultivation _____ RM No(s). _____
2. Total acres of Hay _____ RM No(s). _____
3. Total acres of Grazing _____ RM No(s). _____

PART 4 - LIVESTOCK OWNED (as of the date of this application).

1. Total number of beef cows _____
2. Total number of horses _____
3. Total number of bison _____
4. Total number of sheep _____
5. Total number and description of other animals _____

PART 5 - LIVESTOCK PREMISES IDENTIFICATION (PID) NUMBER for grazing and hay leases. (For more information call the Agriculture Knowledge Centre at 1-866-457-2377.)

1. Saskatchewan Premises ID No. _____

PART 6 - PASTURE ASSOCIATION GRAZING ALLOCATION (includes grazing co-ops and pasture grazing associations).

1. Do you hold an active pasture association allocation? Yes ☐ No ☐
2. If yes, which pasture association(s) is your allocation with? _____
3. If yes, what is your total livestock allocation per pasture association? _____

PART 7 – ELIGIBILITY, CONFIRMATION, AUTHORIZATION AND SIGNATURE.

Applicants for agricultural lease or grazing allocation must:

1. Be at least 18 years of age;
2. Actively manage the leased lands for agricultural purposes;
3. Meet all requirements set out under *The Saskatchewan Farm Security Act*;
4. Have legal access to the leased land or written agreements for crossing any adjacent lands;
5. Have any existing accounts with the ministry in an acceptable status;
6. Complete the required application form and submit any supporting documentation that the ministry requests; and
7. In the case of a grazing or hay lease, have or will obtain a Premises Identification Number.

This information is supplied for the purpose of obtaining an agricultural lease or grazing allocation. Information is to be current as of the date of application. Any lease or grazing allocation issued as a result of a false application will be subject to cancellation. By signing this application form I certify I meet the eligibility requirements above and the information provided to be true and I consent to:

1. Submit any supporting documentation that the Ministry requests; and
2. The Ministry of Agriculture obtaining information from Saskatchewan Crop Insurance Corporation, Programs Branch and other lending institutions for the purpose of determining my/our credit worthiness and verifying the accuracy of any information contained in or provided with this application.

Applicant

Witness

Date

Applicant

Witness

Date

Applicant

Witness

Date

Visit saskatchewan.ca/crownlands for more information or to contact your local regional office.