

**SSFPA 2020 – 2021 ADVANCE PAYMENTS PROGRAM (APP) - GREENHOUSE
APPLICATION & REPAYMENT AGREEMENT – CORPORATION/COOPERATIVE/PARTNERSHIP INFORMATION
PROTECTED “A” ONCE COMPLETED**

✓ Administrators must verify the following for each Corporation/Cooperative/Partnership:

- Certificate of Incorporation / Proof of Partnership**
 - Identity of signing authority verified** (Photo identification required, i.e. driver's license. Health cards cannot be accepted.)
- Type of identification provided: _____

1.2 BASIC INFORMATION

- ✓ Identify the legal name of the Corporation/Cooperative/Partnership applying for the advance and indicate the type.
- ✓ List all Shareholders, Members or Partners of the Corporation/Cooperative/Partnership. Attach a separate sheet if required.
- ✓ If the ownership structure has changed from the previous application, please attach the new Incorporation/Cooperative/Partnership document that reflects the correct ownership structure.
- ✓ Please provide CRA Business Number (if available)
- ✓ All Shareholders / Partners must provide full address (i.e. street, street number, postal code, P.O. box).

Legal Name of Business:	APP ID	CRA Business Number
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Indicate type of business: Corporation Cooperative Partnership

APP ID	First Name	Last Name	Address	Phone Number	Date of Birth (YYYY-MM-DD)	% Interest in Operation
						%
						%
						%
						%

Legal Address of Corporation/Cooperative/Partnership:

Street Address	City/Town	Province	Postal Code
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Business Phone # (Ext.)	Business Fax #	Email Address
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Mailing Address of Corporation/Cooperative/Partnership (if different from above):

Street Address	City/Town	Province	Postal Code
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Business Phone # (Ext.)	Business Fax #	Email Address
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1.3 DECLARATION OF BANKRUPTCY

- Have you or any of shareholders in the Corporation/Cooperative/Partnership declared bankruptcy within the past 7 years?
- Are you or any of the shareholders in the Corporation/Cooperative/Partnership seeking financial protection from creditors?

Name of Shareholder/Member/Partner who declared bankruptcy	Name of Shareholder/Member/Partner who declared bankruptcy

1.4 DECLARATION OF APP ADVANCE(S) RECEIVED FROM OTHER PRODUCER ORGANIZATIONS

- Do any shareholders in the Corporation/Cooperative/Partnership have an outstanding advance with another APP Administrator?
- Have any of the shareholders in the Corporation/Cooperative/Partnership been in default with an APP Administrator?

Name of Shareholder/Member/Partner	Name of APP Administrator	Commodity Type	Program Year	Amount of Advance Received
			20	\$
			20	\$
			20	\$
			20	\$

The information on this form is collected under the authority of section 10 of the *Agriculture Marketing Programs Act*. Any personal information provided by the Administrator to Agriculture and Agri-Food Canada (AAFC) will be used to administer the APP in accordance with the *Privacy Act*. The information may also be used for statistical or evaluation purposes. Individuals have the right to request access and correction to their personal information. Should you have any questions concerning your Privacy, please contact: Agriculture and Agri-Food Canada's Access to Information and Privacy Director, Floor 10, 1341 Baseline Road, Tower 7, Ottawa ON K1A 0C5 or by email at AAFC.Privacy-vieprivee.AAC@AGR.GC.CA and reference AAFC's personal information bank *Agricultural Marketing Programs Act: Advance Payments Program*, PPU 140. (2018)

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1.5 PRIMARY FINANCIAL INSTITUTION			
Name of Primary Financial Institution		Contact Name	
Street Address		City/Town	Province
			Postal Code
Phone # (Ext.)	Business Fax #	Email Address	

1.6 RELATED PRODUCER DECLARATION			
<input checked="" type="checkbox"/> Producers are related if they do not deal with each other at arm's length. <input checked="" type="checkbox"/> In the absence of proof to the contrary, producers are presumed to be related to another producer in any of the following circumstances: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> One of the producers is the spouse or common-law partner of the other producer; <input checked="" type="checkbox"/> One of the producers owns at least 25% of the voting shares of the other producer; <input checked="" type="checkbox"/> One of the producers owns at least 25% of the voting shares of a corporation that directly or through any other corporation owns 25% of the voting shares of the other producer; <input checked="" type="checkbox"/> One of the producers is entitled to 25% or more of the profits or revenues of the other producer. <input checked="" type="checkbox"/> The producer shares any management and administrative services, equipment, facilities or overhead expenses of a farming operation with the other producer, but is not in partnership with that other producer; or <input checked="" type="checkbox"/> Any other circumstances set out in the <i>Agricultural Marketing Programs Act</i>. <input checked="" type="checkbox"/> Relatedness affects the applicant's eligibility to receive an advance, as well as the amount of an advance.			
1.	According to the above definitions are you related to another producer—If no proceed to section 1.6.	YES	NO
2.	Has a related producer a) applied for an APP Advance in this program year or b) has participated in APP during a previous program year?	YES	NO
3.	Are any related producer currently in default under APP, SCAP or ESCAP?	YES	NO
	Name of the related producer	APP ID	Name of the related producer
			APP ID

1.7 GUARANTEE DECLARATION	
<input checked="" type="checkbox"/> Complete one of the three following subsections, as applicable.	
A) PERSONAL GUARANTEE (for Corporation with sole shareholder)	
<p>I, being the sole shareholder of the Corporation named in section 1.2 of this Application for an Advance in consideration of an advance being made to it by the Administrator, for the amount stated in Part 2 of this Repayment Agreement, for the _____ APP program year do hereby agree to be personally liable to the Administrator or the Minister of Agriculture and Agri-Food for any amount owing by the Corporation, pursuant to the APP.</p> <p><i>By signing this document, I understand and agree that action may be taken against me personally in accordance with section 5.0 of the Terms and Conditions of the Repayment Agreement until full repayment of the default advance.</i></p> <p>I hereunto set my hand and seal</p> <p>Dated at _____</p> <p align="center"><i>Location</i> <i>Date (YYYY-MM-DD)</i></p> <p>_____ _____</p> <p align="center">Print name of shareholder clearly Signature of shareholder</p>	

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B) JOINT AND SEVERAL GUARANTEE (for Cooperative, Partnership or Corporation with multiple shareholders)

We, being Shareholders, Members or Partners, as the case may be, of the Corporation, Cooperative or Partnership named in section 1.2 of this Repayment Agreement, in consideration of an advance being made to the Corporation, Cooperative or Partnership, as the case may be, by the Administrator for the amount stated in Part 2 of this Repayment Agreement, for the _____ APP program year do hereby agree to be jointly and severally liable to the Administrator, or the Minister of Agriculture and Agri-Food, for any amount owing by the Corporation, Cooperative or Partnership, as the case may be, pursuant to the APP.

By signing this document, we understand and agree that action may be taken against each of us individually in accordance with section 5.0 of the Terms and Conditions of the Repayment Agreement until full repayment of the default advance.

I hereunto set my hand and seal

Dated at _____

Location

Date (YYYY-MM-DD)

Print name of shareholder, member or partner clearly

Signature of shareholder, member or partner

Print name of shareholder, member or partner clearly

Signature of shareholder, member or partner

Print name of shareholder, member or partner clearly

Signature of shareholder, member or partner

Print name of shareholder, member or partner clearly

Signature of shareholder, member or partner

Print name of shareholder, member or partner clearly

Signature of shareholder, member or partner

C) GUARANTOR(S)

I, being the sole shareholder or authorized officer of the Corporation named in section 1.2 of this Repayment Agreement, in consideration of an Advance being made to it by the Administrator, for the amount stated in Part 2 of this Repayment Agreement, for the _____ APP program year, do hereby agree to obtain a letter of guarantee to the Administrator from one of the following two sources (please select an option below) :

- An individual or group of individuals that has the financial collateral to guarantee the Advance amount stated in Part 2 of this Repayment Agreement until it is fully reimbursed; or
- A financial institution that will guarantee the Advance amount stated in Part 2 of this Repayment Agreement until it is fully reimbursed,

The letter of guarantee must be in accordance with any applicable provincial laws in the province of operation of the Corporation, Cooperative or Partnership named in section 1.2 of this Repayment Agreement.

Print Shareholder/Authorized Officer Name

Signature of Shareholder/Authorized Officer