

Nova Scotia Local Beef Processing Program Application Form

Application Intake: February 5/2026 - April 30/2026.

Applicant Information

Company/Farm Name: _____

Operating Name if Different: _____

Contact Name: _____

E-mail Address: _____ Telephone: _____

Alternate phone number such as cell number: _____

Civic Address:

Street: _____ Province: _____

Town: _____ County: _____ Postal Code: _____

Mailing address (if different than civic address):

Street: _____ Province: _____

Town: _____ Postal Code: _____

Eligibility Information

We are demonstrating eligibility through our (include all that apply):

NS Registry of Joint Stock Companies Number*

*status will be verified

Copy of Farm Registration is attached.*

Yes ☐

No ☐

Do you currently hold a provincial abattoir license? Proof attached *

Yes ☐

No ☐

If answered "NO" to above- Do you plan to proceed with a provincial license?

Yes ☐

No ☐

Proof of Annual gross income is attached.

Yes ☐

No ☐

Do you have an approved engineered plan for proposed facility? Please provide with application.

Yes ☐

No ☐

Are you in good standing with the NS Dept. of Agriculture and the NS Farm Loan Board?

Yes ☐

No ☐

Have you provided the required business plan and quotes? Attached?

Yes ☐

No ☐

| Planned Expenses (attach quotes) | Cost |
|----------------------------------|------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Other Sources of Funding

| Name of Source | Amount |
|----------------|--------|
| | |
| | |

Consent and Certification: I authorize Perennia to make any inquiries required, including obtaining corporate and business information about the applicant, to assess this application. I authorize Perennia to make these inquiries of persons, firms, corporations, federal and provincial government departments, agencies, authorities, institutions and non-profit economic development organizations, and consent to the collection of the information. I certify that the information provided is, to the best of my knowledge and ability, complete, true and correct, and that this will apply to all information provided in the future in connection with the assessment of the project. Furthermore, I will notify Perennia if any of the information changes. I certify that financial assistance under this program is a significant factor in the decision to proceed with this project.

Signature: _____ Date: _____

**Submit completed application form and accompanying documents by email to: beefprograms@perennia.ca
or by fax to: 902-678-7266 or by mail to: Perennia
28 Aberdeen Street, Suite 6, Kentville
Nova Scotia B4N 2N1**