



### Form 6- SEVEN DAY DEALER EXEMPTION STATEMENT

The Seven Day Dealer Exemption Statement must be completed in full and forwarded to the Veal Farmers of Ontario (VFO) by the 15<sup>th</sup> of the month following transactions as prescribed by the Veal Farmers of Ontario Regulation 58/15 made under the *Farm Products Marketing Act*.

**Business Contact Information (\* mandatory fields):**

*Name:			
*Business Name:			
*Other business partner(s) name(s):			
*Address: <i>Please include full civic address</i>			
*Phone #:		Fax #:	
Cell #:		Premise ID #:	
Email:			

HST REGISTRATION NO.: \_\_\_\_\_

MONTH COVERED BY THIS REPORT: \_\_\_\_\_

Date purchased YYYY/MM/DD	Purchased from (Full name and civic address required)	Date sold YYYY/MM/DD	Sold to (Full name and civic address required)	# of head and class of veal cattle	Total # of head
				_____ Bob Calves _____ Marketed Grain-Fed _____ Marketed Milk-Fed	
				_____ Bob Calves _____ Marketed Grain-Fed _____ Marketed Milk-Fed	
				_____ Bob Calves _____ Marketed Grain-Fed _____ Marketed Milk-Fed	
				_____ Bob Calves _____ Marketed Grain-Fed _____ Marketed Milk-Fed	



**Form 6- SEVEN DAY DEALER EXEMPTION STATEMENT (cont'd)**

Date purchased YYYY/MM/DD	Purchased from (Full name and civic address required)	Date sold YYYY/MM/DD	Sold to (Full name and civic address required)	# of head and class of veal cattle	Total # of head
				_____ Bob Calves _____ Marketed Grain-Fed _____ Marketed Milk-Fed	
				_____ Bob Calves _____ Marketed Grain-Fed _____ Marketed Milk-Fed	

*Please use additional forms if necessary*

- A. **TOTAL NUMBER OF HEAD ELIGIBLE FOR VFO LICENSE FEE EXEMPTION:** \_\_\_\_\_
- B. ELIGIBLE REBATE ON VEAL CATTLE (Number of Head \_\_\_\_\_ x \$4.00) \$ \_\_\_\_\_
- C. 13% HST ON REBATE \$ \_\_\_\_\_
- D. TOTAL SEVEN DAY DEALER EXEMPTION REBATE (B+C) \$ \_\_\_\_\_

I declare that the above information represents a true and accurate statement of the veal cattle bought and sold within seven business days to qualify for the exemption of VFO license fees as required under the General Regulations of Veal Farmers of Ontario made under the *Farm Products Marketing Act*. I also declare that I have the records to prove the above transactions in the event of an audit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Print)

\_\_\_\_\_  
Signature

**Veal Farmers of Ontario**  
 449 Laird Road, Unit 12, Guelph, ON N1G 4W1  
 Tel: 519-824-2942 Fax: 519-824-2534

***\*Please retain one copy for your files\*\****