

## PRODUCER DIRECT PURCHASE LICENCE FEE REMITTANCES

Month Covered \_\_\_\_\_

Name: \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Premise ID # \_\_\_\_\_

Email ID \_\_\_\_\_

DATE RECEIVED	SELLER NAME & ADDRESS	# SHEEP	\$1.80	HST	TOTAL