



Missouri Department of Conservation Application for Commercial – Miscellaneous Permits

COMPLETE THIS BOX: PLEASE PRINT

Name:	Business Name:
Address:	Business Address: (if different)
City, State, Zip:	City, State, Zip:
Home Telephone No.	Work Telephone No.
County:	Email:

_____ **Licensed Trout Fishing Area Permit (Code 560)**.....**\$100.00**
To maintain and operate a licensed trout fishing area and to stock legally acquired trout.

Location: Section: _____ Township: _____ Range: _____

Stream name: _____ Miles of frontage owned on this stream: _____

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If this is a first time permit application or if the boundaries of the Licensed Trout Fishing Area have changed since your last application, please attach an aerial photo or topographic map with your property boundaries highlighted.

If this is a first time permit application for a new Licensed Trout Fishing Area, the area's suitability as a year-round trout habitat will be evaluated by the Missouri Department of Conservation. This will include taking daytime water temperatures at least three times during July or August unless historic records make this unnecessary.

Source of trout to be stocked: _____

Approval box in lower left corner of the application must be completed by local conservation agent and fisheries biologist.

Missouri's Sunshine Law requires that permit buyers' names and addresses are public records unless you specifically request that your information be closed.

Check here if you **do not** wish to have your information made available as part of the public record.

Signature constitutes acceptance of all rules pertaining to the above permits according to the *Wildlife Code of Missouri*.

ATTENTION: Read and complete the reverse side before signing.

Applicant's Signature: _____ Date: _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
By: _____	
County: _____	
Date: _____	
Fisheries Biologist Approval	
By: _____ (if applicable)	
DO NOT WRITE IN THIS SPACE (For conservation agent's and fisheries biologist use only)	

DO NOT SEND CASH
Remit Check, Debit or Credit Card Payment (see back of form) or Money Order To:
Missouri Department of Conservation
Attn: Commercial Permits
P.O. Box 180
Jefferson City, MO 65102-0180

ALL PERMITS EXPIRE JUNE 30
Unless Otherwise Provided in the *Wildlife Code of Missouri*

This is not a permit and does not entitle applicant to operate.

ATTENTION: READ AND COMPLETE THIS SIDE

If your street address is different from your mailing address please complete this section. Complete address must be provided in case contact by a conservation agent is required. If you live in a rural area please provide directions to your location.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Directions: _____

Payment Method

Total Amount Due \$ _____

Check Enclosed (make check payable to *Missouri Department of Conservation*)

Check One: Visa MasterCard Discover

Debit or Credit Card Number: _____

3 Digit Security Code Number: _____ (this number is located on the back of your card)

Expiration Date: _____ Phone #: _____

(required on all debit or credit card orders)

Signature: _____

Credit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

As required by State Law, payments by debit or credit card will be charged an extra convenience fee according to the chart below. The fee will be added to the amount of your purchase, and your card statement will show the combined amount. This fee is paid to the payment processor, not the Department of Conservation.

Transaction	Fee Amount
\$0 - \$50.00	\$1.25
\$50.01 - \$75.00	\$1.75
\$75.01 - \$100.00	\$2.15
\$100.01 and up	2.15%

Mail application to: **Missouri Department of Conservation**
 Attn: Commercial Permits
 P.O. Box 180
 Jefferson City, MO 65102-0180

Fax: (573) 751-4864
Phone: (573) 522-4115 (ext. 3322)

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