

OFFICE USE ONLY		

PHONE: (573) 522-0107 FAX: (573) 751-4864

EMAIL: COMMERCIALPERMITS@MDC.MO.GOV

Application for Class III Wildlife Breeder Permit (CODE 548)

All required (*) fields must be completed or application will be returned to applicant for completion.

*SECTION 1: Are you apply	ing as an individual or bu	siness? Selection will det	ermine the name on permit.			
☐ INDIVIDUAL (If Individu			If Business, skip Section 3)			
SECTION 2: If renewing a c	ommercial permit, enter t	he permit number here.	Permit #:			
SECTION 3: Individual Info	rmation (Permit will be iss	sued in the individual's na	me.)			
*County:			,			
*Individual Name:						
Doing Business As (If applicable - provide	fictitious business name registered with MC) Secretary of State):				
*Address:						
*City:	*	State:	*ZIP Code:			
If PO BOX, provide physical address:						
*Telephone:		Email:				
SECTION 4: Business Information (Permit will be issued in the business name. All business applicants must be registered and in good standing with the Missouri Secretary of State. For more information go to: www.sos.mo.gov or call (573) 751-4936)						
*SELECT TYPE OF ENTITY: GENERAL CORPORATION	GENERAL PARTNERSHIP LIMITED LIABILITY COMPANY	☐ LIMITED PARTNERSHIP ☐ NONPROFIT CORPORATION	☐ LIMITED LIABILITY PARTNERSHIP			
*County:						
*Business Name:						
Doing Business As (If applicable – provide	fictitious business name registered with MC	O Secretary of State):				
*Business Address:						
*City:	*	State:	*ZIP Code:			
If PO BOX, provide physical address:						
*Telephone:		Email:				
*Designated Representative's Name	e (for all Department interaction)¹:					
*Designated Representative's Addre	ess (if different than above):					
*City:	-	*State:	*ZIP Code:			
*Telephone:		Email:				
¹ Designated representative is an individual designated by the business as the contact person for all purposes related to the permit including regulatory compliance, records, inspections and citations. The business (permittee) is responsible for updating this information if the designated representative changes at any time.						
	PERMIT TYPE		PRICE			
☐ Class III Wildlife Breede	er Permit (Code 548)		\$50.00			
*SPECIES – List species an	d number of each species	s to be covered by permit				
Conservation Agent Use Only	Signature constitutes acceptance of	all rules pertaining to the above permit(s	according to the Wildlife Code of Missouri.			
☐ Approved ☐ Disapproved	Applicant Signature:		Date:			
Signature:	Applicant's Title (<i>if applicable</i> – re	quired for business applications):				

 $\textbf{All permits expire June 30} \ \ \textbf{unless otherwise provided in the} \ \ \textit{Wildlife Code of Missouri}.$

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

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LOCATION - Complete this section if wildlife is held at a location other than address above.								
Location (County):		Section:	Township:	Range:				
Location Address (if applicable):			<u> </u>	Area Acreage:				
If your street address is different than yo case contact by a conservation agent is								
Name:								
Address:								
City:			State:	Zip Code:				
Directions:								
☐ Check enclosed (Made payable to: Missouri Department of Conservation)								
Credit/Debit 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 the purchase and the cardholder's statement will show the combined amount. This fee is paid to the payment processor, not the Missouri Department of Conservation.								
	Transaction Amount	Fee Amount						
	\$0-\$50.00	\$1.25						
	\$50.01-\$75.00	\$1.75						
	\$75.01	\$2.15						
	\$100.01 and up	2.15%						
Credit Card Type:	sa	☐ MasterCard		Discover				
Credit/Debit Card Number:								
Expiration Date: 3-Digit Security Code:								
Phone Number (<i>Required</i>):		Signature:						
Mail appl	Mail application to: Missouri Department of Conservation Attn: Commercial Permits P.O. Box 180 Jefferson City, MO 65102 Fax: (573) 751-4864 Email: COMMERCIAL PERMITS@MDC.MO.GOV							