



MISSOURI DEPARTMENT OF CONSERVATION  
P.O. BOX 180  
JEFFERSON CITY, MO 65102

OFFICE USE ONLY

PHONE: (573) 522-0107  
FAX: (573) 751-4864  
EMAIL: COMMERCIALPERMITS@MDC.MO.GOV

## Application for Fish Utilization Permit (CODE 290)

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

### \*SECTION 1: Are you applying as an individual or business? Selection will determine the name on permit.

INDIVIDUAL (If Individual, skip Section 3)

BUSINESS (If Business, skip Section 2)

### SECTION 2: Individual Information (Permit will be issued in the individual's name.)

\*County:

\*Individual Name:

Doing Business As (If applicable – provide fictitious business name registered with MO Secretary of State):

\*Address:

\*City: \*State: \*ZIP Code:

If PO BOX, provide physical address:

\*Telephone: Email:

### SECTION 3: 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](http://www.sos.mo.gov) or call (573) 751-4936)

\*SELECT TYPE OF ENTITY:  GENERAL PARTNERSHIP  LIMITED PARTNERSHIP  LIMITED LIABILITY PARTNERSHIP  
 GENERAL CORPORATION  LIMITED LIABILITY COMPANY  NONPROFIT CORPORATION

\*County:

\*Business Name:

Doing Business As (If applicable – provide fictitious business name registered with MO Secretary of State):

\*Business Address:

\*City: \*State: \*ZIP Code:

If PO BOX, provide physical address:

Telephone: Email:

\*Designated Representative's Name (for all Department interaction)<sup>1</sup>:

\*Designated Representative's Address (if different than above):

\*City: \*State: \*ZIP Code:

\*Telephone: Email:

<sup>1</sup>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

Fish Utilization Permit (Code 290)

**\$25.00**

### \*EVENT INFORMATION – Meeting location of event, must give detailed description of event location.

Event Date(s) (not to exceed 15 days) From: \_\_\_\_\_ To: \_\_\_\_\_

Meeting location of event (address, facility/boat ramp, etc.):

Application for a permit must be made to the Department and post marked **not less than ten (10) days** prior to the event. This permit does not authorize the use of any public or private land for this event. It is the responsibility of the permittee to obtain permission from each agency or landowner at the location where the event is to be held. Failure to comply with reporting requirements may result in permit denial. **Issuance of future permits shall be conditioned on compliance with these rules.**

I, the applicant, confirm that I have completed and read this application and agree that my signature below constitutes acceptance of all rules pertaining to Fish Utilization Permit and according to the *Wildlife Code of Missouri*.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Title (if applicable – **required** for business applications): \_\_\_\_\_

All permits expire **June 30** unless otherwise provided in the *Wildlife Code of Missouri*.

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

**Total Amount Due:** \$ \_\_\_\_\_

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.

**Credit/Debit Card Use Fees**

2% of transaction amount, plus \$.25 per transaction will be added to your total

Credit Card Type:  Visa  MasterCard  Discover

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3-Digit Security Code: \_\_\_\_\_

Phone Number (**Required**): \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail application to:**

**Missouri Department of Conservation**

**Attn: Commercial Permits**

**P.O. Box 180**

**Jefferson City, MO 65102**

**Fax: (573) 751-4864**

**Email: COMMERCIALPERMITS@MDC.MO.GOV**