



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 Licensed Trout Fishing Area Permit (CODE 560)

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 4)

BUSINESS (If Business, skip Section 3)

SECTION 2: If renewing a commercial permit, enter the permit number here.

Permit #:

SECTION 3: 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 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 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)¹:

*Designated Representative's Address (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.

***LOCATION & STOCKING SOURCE**

Section:	Township:	Range:	Source of stocked trout:
Stream Name:			Miles of Frontage Owned:
Stream Name:			Miles of Frontage Owned:
Stream Name:			Miles of Frontage Owned:

Conservation Agent Use Only

Approved Disapproved

Signature: _____

Date: _____

Fisheries Biologist Approval

By: _____

Signature constitutes acceptance of all rules pertaining to the above permit(s) 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.

PERMIT TYPE

PRICE

Licensed Trout Fishing Area (Code 560)

\$100.00

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