



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 Wildlife Exhibitors Permit (CODE 740)

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

\*SELECT TYPE OF ENTITY:  GENERAL PARTNERSHIP  LIMITED PARTNERSHIP  LIMITED LIABILITY

GENERAL  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**

**Wildlife Exhibitors Permit (Code 740)**

**\$1,000.00**

**\*SPECIES – List species and number of each species to be covered by permit**

**Conservation Agent Use Only**

Approved  Disapproved

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

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

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.

**LOCATION – Complete this section if wildlife is held at a location other than address above.**

Location (County):		
Location Address (if applicable):		
If your street address is different than 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 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.

**Credit/Debit Card Use Fees**

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

Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Credit/Debit Card Number:	_____		
Expiration Date:	_____	3-Digit Security Code:	_____
Phone Number ( <b>Required</b> ):	_____	Signature:	_____
<b>Mail application to:</b>	<b>Missouri Department of Conservation</b> <b>Attn: Commercial Permits</b> <b>P.O. Box 180</b> <b>Jefferson City, MO 65102</b>		
	<b>Fax: (573) 751-4864</b> <b>Email: COMMERCIALPERMITS@MDC.MO.GOV</b>		