OFFICE USE ONLY

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

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

Application for Tag and Release Fishing Promotion Permit (CODE 280)

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

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:

PERMIT TYPE	PRICE
☐ **Tag and Release Fishing Promotion Permit (Code 280)**	**$276.00**

*Promotion Information

Promotion Date(s) – Not to Exceed 30 Days From: _____ To: _____

Promotion dates include those days in which the species identified below is caught, tagged and released, as well as, the duration of the event/fishing tournament.

Species to be Tagged and Released (Select only one) ☐ **Black Bass** ☐ **Catfish** ☐ **Crappie** ☐ **Other Fish as defined in 3 CSR 10-20.805**

Impoundment: (Select only one) ☐ **Lake of the Ozarks** ☐ **Stockton Lake**

☐ **Table Rock Lake** ☐ **Truman Lake** ☐ **Other** _____

Payment

☐ 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, Fax or Email the 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

MDC 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.