



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 Game Bird Hunting Preserve Permit (CODE 550)

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 to the business. 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: _____
¹Designated 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.

***HUNTING PRESERVE SPECIES – Species to be handled during permit period**

Pheasant Quail Mallard Duck Exotic Partridge

***HUNTING PRESERVE LOCATION**

Location (County): _____ Section: _____ Township: _____ Range: _____
Location Address (if applicable): _____ Area Acreage: _____

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.

| PERMIT TYPE | | PRICE | |
|--|---|-----------------|-----------------|
| <input type="checkbox"/> | Game Bird Hunting Preserve Permit (Code 550) | \$132.00 | |
| TAG TYPE | | PRICE | # REQUESTED |
| Transportation Stickers (per 100) | | \$13.00 | X _____ = _____ |
| *3-day and Annual Licensed Hunting Preserve Permits are available through an online sales channel provided to hunting preserves. | | | |
| 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**