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 **Class III Wildlife Breeder** Permit (CODE 548)

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.*

PERMIT TYPE	PRICE
☐ **Class III Wildlife Breeder Permit (Code 548)**	**$63.00**

***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):	**Section:**	**Township:**	**Range:**
Location Address (if applicable):			**Area Acreage:**
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: ☐ 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