



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 Commercial Game Processing Permit (CODE 670)

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.**

| | |
|---|---|
| <input type="checkbox"/> INDIVIDUAL (If Individual, skip Section 4) | <input type="checkbox"/> 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: _____

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.

| Permit Type | Price |
|---|---------|
| <input type="checkbox"/> Commercial Game Processing Permit (Code 670) | \$29.00 |

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.

