



Office Use Only

Missouri Department of Conservation Application for Commercial – Miscellaneous Permits

Complete This Box. Please Print

Name:	Business Name:
Address:	Business Address: (if different)
City, State, Zip:	City, State, Zip:
Home Telephone No.	Work Telephone No.
County:	Email:

 DOG TRAINING AREA (630).....\$20.00
 To operate a dog training area, and to purchase, hold, release and shoot on the training area legally acquired pheasants, exotic partridge, quail, & mallard duck.

Check Type of Species: _ Pheasant _ Exotic Partridge _ Quail _ Mallard Duck

Game bird transportation stickers (Please indicate number wanted at \$10 per 100). **Only sold in lots of 100**
Transportation stickers for use with Quail, Pheasant, Exotic Partridge only Number wanted _____ Fee \$ _____
TOTAL ENCLOSED \$ _____

LOCATION: _____
 SHOOTERS: _____

(Shooters include Permittee and not more than two (2) assistants.)

Please check if you need signs for your dog training area (signs are of index card quality material).

If your street address is different from 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 _____
 DIRECTIONS _____

Approval box in lower left corner of the application must be completed by local conservation agent when the following occurs:

1. First time application for Dog Training Area permit.
2. When location is being changed from prior year's permit.
3. When going from one type of permit to another.
4. When ownership changes.

Missouri's Sunshine Law requires that permit buyers' names and addresses are public records unless you specifically request that your information be closed.

Check here if you **do not** wish for your name and contact information made available on mailing lists.

Signature constitutes acceptance of all rules pertaining to the above permits according to the *Wildlife Code of Missouri*.

Applicant's Signature _____ Date _____

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved By _____ County _____ Date _____ DO NOT WRITE IN THIS SPACE (For conservation agent's use only)
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ALL PERMITS EXPIRE JUNE 30

DO NOT SEND CASH
 Remit Check, Credit Card Payment (see back) or Money Order To:
 Attn: Commercial Permits
 Missouri Department of Conservation
 P.O. Box 180
 Jefferson City, MO 65102-0180 1/2010

Payment Method

Total Amount Due \$ _____

Check Enclosed (make check payable to *Missouri Conservation Department*)

Check One: Visa MasterCard Discover

Charge my credit card number _____

3 Digit Security Code number _____ (this number is located on the back of your card)

Expiration Date _____ Phone # _____
(*required* for all credit card orders)

Signature _____

Credit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Mail application to: **Missouri Department of Conservation**
 ATTN: Commercial Permits
 PO Box 180
 Jefferson City, MO 65102-0180