

Arizona Department of Agriculture (AZDA)

Central Licensing Section

Physical Location: 1010 W Washington St., Phoenix, AZ 85007 Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007

Phone: (602) 542-3578 Fax: (602)542-0466

W: https://agriculture.az.gov Email: licensing@azda.gov

For AZDA Use Only License # ____ Check # ___ Check Date ____

Check Amount

Aquaculture Fee Fishing Facility License Application Pursuant to (AAC 3-2-1002) Fee: \$100.00

Application is hereby made for a license to operate a Fee Fishing Facility which permits the public to remove aquatic animals by any harvesting method from a privately controlled body of water as authorized by the direct or indirect payment of a fee.						
Applicant Information						
Application Date:						
Business Name:						
Manager's Name:						
	Business Info	ormation				
Mailing Address		Physical Plant Address				
Name of Company:						
Street Address:		Address:				
City: Sta	te Zip	City: State Zip				
Company Contact:		Legal Description if rural location:				
Phone No: () Fax:()					
Tax ID No:						
Water sources, transmission, and conveyances:						
Method used to dispose of tailing waters and solid wastes:						
Number and size of ponds, raceways and tar	nks:					
Do you have hatchery facilities? []YES [
Scientific name by GENUS and SPECIES, and COMMON NAME of aquatic ANIMALS and/or PLANTS you will be culturing, selling, or possessing:						
	(for additional space, us	se reverse side)				
	Signatı	ıre				
I DO HEREBY DECLARE THIS REPORT IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.						
(Please Print Name)	oplicant's Signature	Date				



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AQUACULTURE LICENSE APPLICATION GENERAL INFORMATION

1. Application Date:	[] New	[] Renewal [] Amended	
Type of Business: [] Indiv	idual [] Partnership []	Cooperative [] Corporation	[] Association [] Other
_	_	ate of incorporation:	
2. Name applicant intends to do bus	iness under:		
Owner or Agent's Name:			
Social Security Number or TIN:			
Mailing Address:			
Physical Location:			
Telephone (business):	FA	AX	
Other Names under which business	will be conducted:		
3. List all persons responsibly conne or more interest and employees in a listing:	managerial or executive capa	acity in the business. Notify off	ice of any change in this
Name and Title			
Name and Title		— Name and Title —	
4. Prior year gross sales			
AGREEMENT AND CERTIFICATION: 3 and all rules promulgated by the Arizo true to the best of my/our knowledge. W subject to a fine of up to \$10,000.00 as part of the subject to a fine of up to \$	na Department of Agriculture the ARNING: Persons willfully mak	ereunder. I/WE Certify that all stat	ements made herein are
Please Print Name	Applicant Signature		Date
FOR OFFICE USE ONLY: APPROVED BY			
Signature		Date	