

**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 ADA/ASD Use Only**

License # _____

Check # _____

Check Date _____

Check Amount _____

Aquaculture Facility - Special License Application Pursuant to (AAC 3-2-1002) Fee: \$10.00

Application is hereby made for a license to operate as an Aquaculture Facility for educational and/or research purposes.

Applicant Information

Application Date: _____

Business Name: _____

Manager's Name: _____

Business Information**Mailing Address**

Name of Company: _____

Street Address: _____

City: _____ State ____ Zip _____

Company Contact: _____

Phone No: () _____ Fax: () _____

Physical Plant Address

Address: _____

City: _____ State ____ Zip _____

Legal Description if rural location: _____

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 tanks: _____Do you have hatchery facilities? YES NOScientific name by GENUS and SPECIES, and COMMON NAME of aquatic ANIMALS and/or PLANTS you will be culturing, selling, or possessing: __________

(for additional space, use reverse side)

Signature

I DO HEREBY DECLARE THIS REPORT IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.

(Please Print Name)_____
Applicant's Signature_____
Date



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AQUACULTURE LICENSE APPLICATION GENERAL INFORMATION

1. Application Date: _____ New Renewal Amended

Type of Business: Individual Partnership Cooperative Corporation Association Other

If Corporation: State where incorporated: _____ Date of incorporation: _____

2. Name applicant intends to do business under: _____

Owner or Agent's Name: _____

Social Security Number or TIN: _____ (required for licensing)

Mailing Address: _____

city state zip

Physical Location: _____

city state zip

Telephone (business): _____ FAX _____

Other Names under which business will be conducted: _____

3. List all persons responsibly connected with the applicant, include all partners, officers, directors, holders or owners of 10% or more interest and employees in a managerial or executive capacity in the business. Notify office of any change in this listing:

Name and Title _____ Name and Title _____

Name and Title _____ Name and Title _____

4. Prior year gross sales _____

AGREEMENT AND CERTIFICATION: If license is granted, I/WE expressly agree to conform to the Arizona Revised Statutes, Title 3 and all rules promulgated by the Arizona Department of Agriculture thereunder. I/WE Certify that all statements made herein are true to the best of my/our knowledge. WARNING: Persons willfully making false, fictitious, or fraudulent statements or entries are subject to a fine of up to \$10,000.00 as prescribed by A.R.S. 13-2704.

Please Print Name

Applicant Signature

Date

FOR OFFICE USE ONLY: APPROVED BY _____

Signature

Date