



Arizona Department of Agriculture (ADA)

Central Licensing Section
1688 W. Adams
Phoenix, AZ 85007
Phone: (602) 542-6408 Fax: (602) 542-0466

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 [] NO

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, 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



Arizona Department of Agriculture (ADA)
 Licensing and Registration Section
 1688 West Adams Phoenix, Arizona 85007
 Phone: (602) 542-0814 Fax: (602) 542-0466

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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