



State of Illinois Department of Natural Resources Aquaculture Permit Application



1. APPLICANT INFORMATION

Name _____ Date of Birth _____
Last First Middle

Home Address _____
Number Street
 _____ County _____
City State Zip

Home Phone () _____ Email Address _____

2. BUSINESS INFORMATION

Name _____ FEIN _____

Business is: (Check One)

- Individual Corporation* Partnership* Limited Liability Company*
- Education Institution Multiple Proprietor Ownership Other (Specify) _____

Business Address _____
Number Street
 _____ County _____
City State Zip

Business Phone () _____ Business Fax () _____

Email Address _____

*If applicant is a corporation, partnership or other registered business organization, attach Articles of Incorporation or Organization filed with the Secretary of State and list all persons authorized to act on behalf of the applicant. If applicant is doing business in a name other than his own under the Assumed Business Name Act (805 ILCS 405), attach Certificate of Registration from the applicable County Clerks Office.

3. FACILITY INFORMATION

Facility Name: _____

Address: _____

Number Street

City State Zip County

Facility Phone (____) _____ Facility Fax (____) _____

Email Address _____

Township _____ Range _____ ¼ Section _____

If location is Rural Route, or not at an address, attach physical directions from nearest town.

Describe the facility where these activities will take place. (i.e., ponds, outside raceways, inside tanks, trays, fiberglass tanks) _____

Number of Ponds: _____ Total Acreage: _____

Number of Tanks: _____ Total Volume: _____

Water Source (i.e. municipal, stream, spring, river, well, etc.) _____

Method of Delivery (i.e. pumped, gravity flow, dammed diverted): _____

Effluent Discharge (i.e. municipal sewage, on site treatment plant, overflow to stream, groundwater discharge, etc.) _____

Effluent Monitoring (if subject to NPDES permit) performed by _____

NPDES permit # _____

Wastewater permit # _____

4. OPERATIONAL INFORMATION

a. The primary group(s) or organisms to be cultured are:

Amphibians Reptiles Crustaceans

Mussels Clams Aquatic Plants

Fish Gastropods Other (specify) _____

b. List the species (**common and scientific name**) which are on the Aquatic Life Approved Species List which you plan to breed, hatch, propagate, or raise. If you intend to possess aquatic life which does NOT appear on the Aquatic Life Approved Species List, you must attach such request in writing to this application, including the proposed species to be raised and intended to use.

c. The above list must be kept current. In the event of additions or deletions to this list, you must contact the Department of Natural Resources in writing at the address below within thirty (30) days to notify of such change. This applies **ONLY** to those species on the Aquatic Life Approved Species List.

5. **MARKETING INFORMATION**

a. How do you plan to sell the aquatic life produced under this permit:

Live Dead only Processed Packed on ice

b. What types of markets do you intend to supply with the product:

Pond stocking Bait dealers Retail food outlets
 Wholesalers Fish Farmer's Coop Other (Specify) _____

6. **CERTIFICATION**

Pursuant to 5 ILCS 100/10-65 (C), the IDNR must require license applicants to certify as follows:

"I hereby certify, under penalty of perjury, that: **(Check ONE box only)**

- I am not subject to a child support order
- I am not more than 30 days delinquent in complying with a child support order
- I am more than 30 days delinquent in complying with a child support order

Disclosure of applicant's Social Security Number is mandatory pursuant to 42 USC 666(a)(13) and 5 ILCS 100/10-65 for use under the State's child support enforcement program.

"I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE"

Signature

Date

Social Security Number

Failure to certify and to include Social Security Number **will** result in denial of the application/renewal. Making a false statement or providing a false Social Security Number is a criminal violation, and may result in criminal penalties in addition to revocation of the permit.

Following the application review and/or subsequent facility inspection a customer number will be assigned to the applicant. The applicant may purchase the aquaculture permit **after** receiving the customer number, through the IDNR “Point of Sale” system. The permit cost is \$50.00 plus processing fee annually.

Submit completed application via mail, email, or fax.

- Illinois Department of Natural Resources
Aquaculture Program
One Natural Resources Way
Springfield, IL 62702
- dnr.aquaculture@illinois.gov
- Fax: 217-785-2438

Contact Us

Phone: 217-785-8772
dnr.aquaculture@illinois.gov.

Permits will expire on March 31. This application DOES NOT entitle a person to operate an aquaculture facility.

Do Not Use This Space	
Approved by: _____	Date: _____
Date Issued: _____	