



# COMMERCIAL LICENSE / PERMIT APPLICATION



**Illinois**  
Department of  
**Natural Resources**

Please call 217 785-3423 if you have any questions. Department of Natural Resources information is available to the hearing impaired by calling DNR's TTY: 217 782-9175. You must enclose a check or money order with this application. Do not send cash.

## **1** CHECK BOX FOR EACH LICENSE/PERMIT APPLIED FOR

An Initial Commercial Fishing license is required to be purchased in addition to other commercial fishing licenses. Illinois residents are required to pay only one \$250 fee for Roe Harvester Permits no matter how many river Zones are applied for. Special sturgeon id certification is required for a Commercial Roe Harvester Permit in the Mississippi Southern Zone.

	FEE	ANNUAL LICENSE/PERMIT EXPIRATION DATE
<input type="checkbox"/> Retail Fur Buyer (Resident)	\$ 25	April 30
<input type="checkbox"/> Wholesale Fur Buyer (Resident)	\$ 125	April 30
<input type="checkbox"/> Fur Buyer (Non-Resident)	\$ 250	April 30
<input type="checkbox"/> Fur Buyer Auction Participation (Non-Resident)	\$ 50	April 30
<input type="checkbox"/> Interstate Minnow Dealer	\$ 500	January 31
<input type="checkbox"/> Commercial Mussel <b>(RESIDENT ONLY)</b>	\$ 50	August 31
<input type="checkbox"/> Initial Commercial Fishing (Resident)	\$ 35	March 31
<input type="checkbox"/> Initial Commercial Fishing (Non-Resident)	\$ 150	March 31
<input type="checkbox"/> Commercial Roe Dealer (Resident)	\$ 500	May 31
<input type="checkbox"/> Commercial Roe Dealer (Non-Resident)	\$ 1500	May 31

## **2** BUSINESS NAME (enter NONE if not applicable)

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LAST NAME

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FIRST NAME

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MONTH DAY YEAR

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**3** DATE OF BIRTH

## **4** You must enter your Social Security Number OR DNR Direct Customer Number.

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

This number is located above your name on your DNR license.

SOCIAL SECURITY NUMBER

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DNR Direct Customer Number

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## **5** ADDRESS

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CITY

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STATE ZIP CODE

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COUNTY OF RESIDENCE

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DAYTIME TELEPHONE NUMBER

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**MAIL APPLICATION AND FEE TO:  
IDNR  
COMMERCIAL LICENSE/PERMIT  
ONE NATURAL RESOURCES WAY  
P.O. BOX 19458  
SPRINGFIELD, IL 62794-9458**

## **6** APPLICANT'S SIGNATURE

*By signature above I hereby declare under penalty of perjury that the information provided is true and correct and I am not more than 30 days delinquent in complying with a child support order. Making a false statement may subject you to contempt of court. I further acknowledge that providing false or deceptive information in applying for a license or permit is a violation of law and may subject me to arrest and the revocation of my license privileges for a period of up to five years (Ill. Comp. Statutes Ch. 515, pars. 5/20-105 and 5/20-120 and Ch. 520, pars. 5/2.38 and 5/3.36).*