

## State of Illinois Department of Natural Resources Aquaculture Permit Application



RMATION			
		_ Date of Birth	າ
First	Middle		
Number	Street		_
			County
City	State	Zip	
)	Email Addre	SS	
MATION			
		FEIN	
eck One)			
Corporation* []P	artnership* []Limi	ted Liability Co	ompany*
itution [] Multiple	Proprietor Ownersh	in []Other(	Specify)
		.p [] •e. (	<b>-</b>
5			
Number	Street		
			County
City	State	Zip	County
	First  Number  City )  MATION  eck One)  [Corporation* [] P  titution [] Multiple	Number Street  City State	Date of Birth

\*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 INFORMA	ATION				
	Facility Name:					
	Address:					
		Number	Stı	eet		
		City	State	Zip	County	
	Facility Phone: (	)	F	acility Fax: _	)	-
	Email Address:					
Tov	vnship	Range			4 Section	
					ons from nearest town.	
	·			,		
Des	cribe the facility wher	e these activities w	ill take nlace	(i.e., ponds	outside raceways	
	de tanks, trays, fibergl					
11131	ac tarino, trayo, ribergi	455 turnoj				
Nur	mber of Ponds:	Total Ad	creage:			
	mber of Tanks:					
	uent Discharge (i.e. mı			•		
J	0 /	,				
Effl	uent Monitoring (if sul	oject to NPDES peri	mit) performe			
	NPDES permit #					
W	astewater permit #					
	·					
. OPI	ERATIONAL INFORMAT	ION				
a.	The primary group(s)	or organisms to be	cultured are:			
	[ ] Amphibians	[ ]Reptiles	[ ]Crustacean	S		
	[ ]Mussels	[ ]Clams	[] Aquatic Pla	ants		
	[ ]Fish	[ ]Gastropods	•			
b.	List the species (comn				uatic Life Approved	
-	Species List which you		-	-		
	aquatic life which doe	•			•	
	attach such request in	• •	•		• •	
	attach sach i Equest III	willing to tills app	meation, inclu	anis uit piuk	rosea 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.

	MARKETING INFORMATION						
	a. How do y	ou plan to sel	the aquatic	life produced ur	nder this permit:		
	[ ]Liv	e []De	ead only	[ ]Process	ed [ ]Packed on ice		
	b. What typ	es of markets	do you inten	d to supply with	the product:		
	[ ]Poi	nd stocking	[ ]Bait de	alers [ ]R	Retail food outlets		
	[ ]Wh	olesalers	[ ]Fish Fa	rmer's Coop [ ]C	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 sub	ject to a chil	d support order			
		I am not mo	re than 30 da	ays delinquent ir	n complying with a child support or	der	
		I am more th	nan 30 days (	delinquent in coi	mplying with a child support order		
			-		datory pursuant to 42 USC 666(a)(1 pport enforcement program.	3)	
	and 5 ILCS 10 "I HEREBY CE	0/10-65 for u	se under the	State's child sup		·	

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.

Mail Or EMAIL Application to:

For Assistance, please contact:

Illinois Department of Natural Resources
Susie Pollock –Aquaculture Office Coordinator
One Natural Resources Way
Springfield, Illinois 62702-1271
susie.pollock@illinois.gov

Aquaculture Coordinator
Matt O'Hara/Aquaculture Coord.
One Natural Resources Way
Springfield, IL 62702-1271
217/785-9742
matt.o'hara@illinois.gov

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

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