



Captive Cervid Permit Application

New Renewal – Current Permit # (Required)

APPLICANT INFORMATION

Name of Applicant (First, Middle Initial and Last Name): _____

Social Security # or Federal Tax I.D. #: _____

Name of Business (if applicable) _____

Mailing Address: _____

Kentucky Resident Yes No

County (if resident) _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Email: _____

Office Use Only
Date: _____
Reviewed by: _____
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>

PAYMENT INFORMATION

Total Amount Enclosed: _____

Commercial License & Fees: fw.ky.gov/Licenses/Pages/Commercial-License-Fees.aspx

Statement of Fact: (Required by KRS 164.772)

I hereby state that I am not in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority. I understand that if I am in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority, my license or permit may not be issued or renewed.

Statement:

I, the undersigned, hereby state that upon signing this instrument, the Kentucky Department of Fish and Wildlife Resources (KDFWR) and all of its employees shall be released of any liability that might occur as a result of my issuance of this license or permit. I certify that I have read and understand 301 KAR 2:083 22:150. Further, I certify that, to the best of my knowledge, the information herein is correct and true.

Signature: _____

Date: _____

Make Checks payable to KDFWR
Mail application and payment to: Kentucky Department of Fish and Wildlife Resources #1 Sportsman's Lane Frankfort, KY 40601 ATTN: Captive Cervid

Not effective until Spring of 2026

A. FACILITY INFORMATION (Required)

Facility Name (if applicable): _____

Approximate Size of Facility (acres): _____

Facility Address (if different from above): _____ County: _____ City: _____
State: _____ Zip: _____ Telephone: (____) _____

B. SPECIES to be/currently held in captivity (check all that apply) (Required):

- White-tailed Deer (*O. virginianus*)
- Rocky Mountain Elk (*C. elaphus nelson*)
- Fallow Deer (*D. dama*)
- Other (include scientific names): _____

C. Are any of the species listed to be sold, traded or bartered?

- Captive Cervid Permit: _____ To be renewed annually
- Noncommercial Permit (only those grandfathered permits prior to March 1, 2016) _____ To be renewed every 3 years

D. If this is a new application, who is supplying your stock?

Name: _____

Address: _____ City: _____
State: _____ Zip: _____ Telephone: (____) _____

E. Are you leasing this facility? YES NO (If yes, landowner must complete section F-1 below. If no, skip to Section G.)

1. Landowner Name: _____ Telephone: (____) _____
Address: _____ City: _____ State: _____
Zip: _____

I, the land owner, certify that I approve of _____ using my property to operate a captive cervid facility.

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