

LICENSE AGENT APPLICATION FORM



Please answer all questions. Any unanswered questions may result in your application not being considered. This form must be signed by the owner, the manager or the person authorized to enter into legally binding contract.

Section I.

Business Name _____

Business Address _____ Mailing Address(if different) _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

COUNTY _____

Email Address: _____

Business Telephone # _____ - _____ - _____

Owner's Home Telephone # _____ - _____ - _____

Hours of Operation:

Months of Operation:

Sunday _____

_____ 12 months

Monday _____

_____ seasonal

Tuesday _____

from: _____ to _____

Wednesday _____

month month

Thursday _____

Check here if you hours change seasonally.

Friday _____

Please not changes on back.

Saturday _____

Federal ID # _____

KY Sales Tax# _____

Section II.

How long have you been in business? _____

Have you previously sold licenses for KDFWR? _____

If yes, was your agent status ever revoked or suspended? _____

IF yes, please explain _____

Section III.

I certify that the information on this application is true and correct as of this date. I understand that the Kentucky Department of Fish & Wildlife Resources may verify this information.

Signature _____

Date _____

Print Name _____

Title _____

On the back of this page, draw a map of your location from the nearest major highway.