

Peabody WMA Event Permit

□ New □ Renewal – Current Permit	# (Required)
APPLICANT INFORMATION Name of Applicant (First, Middle Initial and Last Nam	Date:
Social Security # or Federal Tax I.D. #:	Reviewed by: Approved: Yes No
Name of Business (if applicable)	
Mailing Address:	Kentucky Resident Yes No
	County (if resident)
City:	State: Zip Code:
Phone: Email	
PAYMENT INFORMATION	
Total Amount Enclosed:	
Commercial License & Fees: fw.ky.gov/Licenses/Page	es/Commercial-License-Fees.aspx
Statement of Fact: (Required by KRS 164.772)	
Kentucky Higher Education Assistance Authority. I	a repayment obligation under any financial assistance program with inderstand that if I am in arrears or default on a repayment obligation by Higer Education Assistance Authority, my license or permit may not
Statement:	
Resources (KDFWR) and all of it's employees shall be of this license or permit. I certify that I have read an best of my knowledge, the information herein is correctly	this instrument, the Kentucky Department of Fish and Wildlife e released of any liability that might occur as a result of my issuance and understand 301 KAR 4:100 & 4:200 Further, I certify that, to the rect and true.
Signature:	Date:
Y O	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: Peabody WMA Event