



Shooting Area 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: _____

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 2:041. Further, I certify that, to the best of my knowledge, the information herein is correct and true.

Signature: _____

Date: _____

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

Not effective until Spring of 2025

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: Shooting Area Permit

Shooting Area Information

Shooting Area Name

Location (Street Address and City)

County

Size of Shooting Area (acres)

Type of Preserve* (check one):

Commercial

Private

Species Available to Hunt (Check all that apply):

____ Bobwhite ____ Pheasant ____ Chukar ____ Mallard ____ Hoofed Animals (Renewal Only)

My signature below indicates that I certify that I have read and understand the information included on this application and in 301 KAR 2:041. Further, I certify that all information contained in this application is correct. I agree to comply with all provisions of the regulation. I further certify that I have not been convicted of a fish and wildlife violation in the last year, including KRS Chapter 150, KAR Title 301 and federal fish and wildlife laws.

Receipt and cashing of payment does not imply approval of permit request. Correct payment must accompany application.

(Signature)

(Date)

(Conservation Officer Signature)

(Date)

Application Approved ____ or Denied ____

Mail completed application and check or money order to: KY Department of Fish and Wildlife Resources, #1 Sportsman's Ln, Frankfort, KY 40601 Attn: Shooting Area Permit

* For informational purposes only.

Not effective until Spring of 2026