



Taxidermist License 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/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 4:090 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 No

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: Taxidermy