



VERMONT FISH & WILDLIFE DEPARTMENT
 103 South Main Street, 10 South Waterbury, VT
 05671-0501
 (802) 241-3700

FOR OFFICE USE ONLY
Date Received _____
Date Issued _____

COMMERCIAL BAIT DEALERS PERMIT APPLICATION

(Complete both pages of application.)

SECTION 1

Last Name	First Name	Middle Initial	Date of Birth	Telephone #
-----------	------------	----------------	---------------	-------------

Home Street Address	City/Town	State	Zip Code
---------------------	-----------	-------	----------

Business Name	City/Town	Daytime Telephone #
---------------	-----------	---------------------

Bait Shop Street Address	City/Town	State	Zip Code
--------------------------	-----------	-------	----------

Do you want to be listed on the website? Yes _____ No _____

Please identify your months of operation: _____

Vermont State Tax I.D. Number or Social Security Number: _____

Declaration of Permit Type:

Waterbody Specific Dealer (Insert Name of Waterbody) _____

Statewide Baitfish Dealer

Importing from out-of-state (Complete Section 3). Complete enclosed fish importation application.

Declaration of Water Source for Bait shop and Water Discharge of Bait shop:

Insert water source here _____

Insert water discharge here _____

\$50.00 annual fee -- Please make check or money order payable to:

Vermont Fish & Wildlife Department
 103 South Main Street, 10 South
 Waterbury, VT 05671 – 0501

SECTION 2

If you declare "Waterbody Specific Dealer", list the **specific location(s)** from which baitfish will be harvested: (If you do not harvest baitfish, skip this section.)

1. _____
Location Town

2. _____
Location Town

3. _____
Location Town

4. _____
Location Town

5. _____
Location Town

SECTION 3

If you are requesting to import or transport baitfish from another state or country, or obtain bait from another Vermont Commercial Bait Dealer, list the species to be imported and the Bait Dealers from which the bait will be obtained (attach additional sheet if more than 3 sources):

1. _____
Business Name Address City/Town State

Telephone # Species

2. _____
Business Name Address City/Town State

Telephone # Species

3. _____
Business Name Address City/Town State

Telephone # Species

My signature below certifies that I understand that any false information on this application may lead to my prosecution. I understand and agree that the failure to provide true and correct information or to personally sign this application may result in any permit issued being revoked.

Applicant's Signature (required) Date

INCOMPLETE APPLICATIONS WILL BE RETURNED