



APPLICATION FOR LICENSE RETAILER

State Form 55887 (R / 2-17)
Approved by State Board of Accounts, 2017

DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife
License System Coordinator
402 W. Washington Street, Rm W273
Indianapolis, IN 46204-2781
Telephone: (317) 232-4082
Fax: (317) 232-8150
www.in.gov/dnr/fishwild/

INSTRUCTIONS:

1. Please type or print information clearly.
2. Attach a copy of a voided check.
3. Mail form to the above address or fax it to (317) 232-8150.

Please select the box that applies:

☐ New Retailer ☐ Bank Account Change ☐ Ownership Change

Business Name		Federal Tax Identification Number	
Business Owner Name (last name, first name)		Owner's Telephone Number ()	
Primary Business Contact Name (last name, first name)		Business E-mail	
Business Telephone Number ()		Business Fax Number ()	
Business Address		Alternate Address	
Number and Street		Number and Street	
City		City	
State	ZIP	State	ZIP
County (if Indiana)		County (if Indiana)	

ATTACH COPY OF VOIDED CHECK IN THIS AREA.

Under the penalty of perjury, I certify that the information contained on this application is true and correct to the best of my knowledge. I am authorized to sign or act on behalf of the business identified above. I authorize the State of Indiana, Department of Natural Resources, Division of Fish & Wildlife, to withdraw funds from my account for payment of sales of Fish & Wildlife hunting, trapping, and fishing licenses and stamp privileges. In the event of non-sufficient funds, I understand that my account will be charged a \$27.50 fee (pursuant to IC 35-43-5-5) for each occurrence.

Bank Name	Routing Number (9 Digits)	Account Number
Is this a savings account or checking account? <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Is this a corporate account with multiple stores? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is a corporate account desired? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of Account Holder		Date (month, day, year)
Printed Name of Account Holder		

FOR OFFICE USE ONLY

Date Received (month, day, year): _____

Date Entered (month, day, year): _____

Date Contacted (month, day, year): _____

Comments: _____

Approved by: _____

Date (month, day, year): _____