



APPLICATION FOR HUNTING PRESERVE LICENSE

State Form 56067 (6-16)
Approved by State Board of Accounts, 2016

Indiana State Board of Animal Health
Office of the State Veterinarian
1202 E 38th Street
Discovery Hall, Suite 100
Indianapolis, IN 46205
Telephone number: 317-544-2400
Fax number: 317-974-2011
E-mail: animalhealth@boah.in.gov

INSTRUCTIONS:

1. Please print or type information.
2. Include fee of \$300.00 with the application.
3. Return to the Indiana State Board of Animal Health (BOAH).

Please check one: New application Renewal Date (month/day/year): _____

Applicant (name of person, firm or corporation): _____

Business status of firm: Individual Partnership Corporation or Limited Liability Corporation

Applicant's Mailing Address (number and street): _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ E-mail Address: _____

Hunting Preserve Address (number and street): _____

City: _____ ZIP Code: _____ County: _____

BOAH Premises Identification: _____

Number of acres inside the fence on the applicant's hunting preserve: _____ acres.

The fee for a hunting preserve license is \$300.00 annually (Indiana Code 15-17-14.7-4). A license expires on August 31st immediately following the date the license is effective.

Amount included with this application: \$ _____. Make checks payable to: State of Indiana.

Additional Required Information:

New Applications:

1. Attach a site plan that contains a detailed layout of the hunting preserve. Label all structures, such as buildings and fences, and public roads and any other barriers. The site plan must include the length of each side of the fence that encloses the preserve and the aggregate acreage of the area where permitted animals are hunted.
2. Attach a description of the efforts that were made to clear the hunting preserve of wild deer.
3. Attach a description of the cover on the preserve that will allow permitted animals the opportunity to evade hunters.

Renewal Applications:

1. Have any changes been made to the hunting preserve fences or facilities in the last year? Yes No
If yes, include an up-to-date site plan with this application.

Certification of Applicant: I certify by signing below that the information provided in this application is accurate.

Signature of Applicant: _____ Date (month/day/year): _____

Printed Name: _____ Title: _____

FOR OFFICE USE ONLY

Fee received	Date fee received (month, day, year)	Receipt number
License number	Date issued (month, day, year)	