



**APPLICATION FOR INDIANA
BAIT DEALER'S LICENSE**

State Form 3071 (R10 / 6-22)
Approved by State Board of Accounts, 2022

**INDIANA DEPT OF NATURAL RESOURCES
DIVISION OF FISH AND WILDLIFE
ATTN: COMMERCIAL LICENSES
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Phone: (317) 232-4102
Fax: (317) 232-8150
www.wildlife.IN.gov**

- INSTRUCTIONS:**
1. Please type or print information.
 2. Be sure to read all regulations.
 3. All sections must be complete before submitting.
 4. Mail completed application to address shown at right.

A Bait Dealer's License is required for the sale of live minnows or crayfish.

Check One: New Applicant Renewal

Year Wanted on License _____ (License expires at end of calendar year.)

Check one: Resident Bait Dealer (FEE: \$20.00) Non-Resident Bait Dealer (FEE: \$75.00)

Name of Applicant _____ Today's Date (mm/dd/yyyy): _____

Name of Business (if applicable) _____

Business Address (Number and Street) _____

City _____ State _____ ZIP Code _____

County _____ Business Telephone Number (_____) _____

E-mail Address _____ Alternate Telephone Number (_____) _____

How is bait obtained? Purchase Raise in private pond

Do you sell bait: Wholesale Retail

If bait is purchased, please provide the following information for where the bait is obtained:

Name _____

Address _____ City, State, and ZIP code _____

Please return the completed application with the appropriate license fee made payable to the Indiana DNR to the address listed above.

Under the penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge. I have read and understand the laws governing the bait dealer's license and agree to abide by them.

Signature of Applicant: _____ **Date (mm/dd/yyyy):** _____

FOR OFFICE USE ONLY

Date Application Received (mm/dd/yyyy): _____ Check/Money Order Number _____

License Number _____ Date License Issued _____ License Year _____

Approved by _____ Date Approved (dd/mm/yyyy): _____