

APPLICATION FOR SHOOTING PRESERVE LICENSE

State Form 21937 (R9 / 6-22) Approved by State Board of Accounts, 2022

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife 402 W. Washington St., Rm. W273 Indianapolis, IN 46204-2781 Telephone: (317) 233-6527 Fax Number: (317) 232-8150 www.wildlife.IN.gov

INSTRUCTIONS:

- 1. Please *print* or *type* information.
- 2. Attach proof of ownership/control of the property (new applications only).
- 3. Submit fee of \$150.00 (as *required in IC 14-22-31-2 and IC 14-10-2-1*) made payable to the Indiana DNR with completed application to the address shown above.

Please check one: 🗌 New 🔲 Rene	wal Year wanted o	n license: Sept	to April
Name of Applicant (<i>first name, last na</i>	nme)		
Date of Birth (<i>month, day, year</i>)		Telephone Number ()
E-mail Address			
Name of Business/Organization (<i>if ap</i>	plicable)		
Mailing Address (<i>Number and Street</i>)		County	
City	State	ZIP Cod	e
Shooting Preserve Address (<i>Number</i>	and Street)		
City			
Location of Preserve: County		Township	
Number of Contiguous Acres (<i>must be at least 100</i>)		Section(s)	
Please list the Species of Game Birds Shooting Preserve:			
Please return the	completed application	with the \$150.00 fee to th	e above address.
Under the penalties of perjur		that the information suppliemy knowledge.	ed by me is true and correct
Signature of Applicant:		Date Signed (month, day, year):	
	FOR OFFIC	CE USE ONLY	
Date Application Received (month, day, year)		Check / Money Order Number	
Approved by [
License Year Licens	se Number Da	ate License Issued (month,	day, year)