



2230

Colorado Aquaculture Permit Application

New Renewal

Yes No

Will your facility's water directly flow from, or to streams or wetlands?

Will you transport live animals off of your property?

Will you stock fish onto any other property?

If you answered yes to any of the above questions then please fill out this permit application.

SECTION I: CONTACT INFORMATION

Principal Operator _____

Mailing Address _____ City _____ State _____ Zip Code _____

Main Phone _____ Alternate Phone _____ Email _____

Fax _____

Alternate Contact Name _____

Main Phone _____ Alternate Phone _____ Email _____



SECTION II: FACILITY INFORMATION

Operation Type: Hatchery Aquaponics Bait Dealer Broker Ornamental Fish Pay Lake Other

If "Other" please specify _____

Legal Description of this Station:

Check if facility address is the same as above contact address

Business or Facility Name _____

Facility Address _____ City _____ State ____ Zip Code _____

Township _____ Range _____ Section _____

County _____

Check if you have Satellite Stations

SECTION III: LIST ALL SPECIES TO BE POSSESSED

Mail the completed application, your \$100 fee, and all supporting documentation to:

Colorado Department of Agriculture
 Animal Health Division/Aquaculture Program
 305 Interlocken Parkway
 Broomfield, CO 80021

I have read and understand the regulations regarding the license for which I am applying and hereby authorize the Department of Agriculture to make further inquiries to verify these statements. I further declare that the above statements are true and accurate.

Date of Application _____

Signature of Applicant _____



Utilize this portion only if paying by Credit Card

Type of Credit Card Visa MasterCard American Express Discover

Name as it appears on card _____

Company Name (if using a company card) _____

Billing Address _____ City _____ State _____ Zip Code _____

Billing Phone Number _____

Credit Card Number _____ Expiration Date _____

By signing below, I agree that the credit card above will be charged the full amount. In addition, I agree to pay an additional non-refundable 2.25% of the total amount due to cover the cost of the credit card transaction and a one-time non-refundable processing fee of \$0.75.

Signature _____