

## APPLICATION FUR DEALER LICENSE

License Fee [Check one]

\$63 Resident (22.77) \$125 Nonresident (22.95)

Do NOT Send Fee Until Notified of Approval.

I hereby make application for:  New application: Complete the entire applicant information block and all sections. Sign and date the application.								
	Renewal: Complete the name and address fields in the applicant information block. Update Sections 3,							
4, 7, 8, and all other sections where changes have occurred or are being requested. Sign and date								
the application.	formation aveant	for your ci	anatura Incom	anloto or illoc	ible applications will be			
<ul> <li>Please PRINT all information except for your signature. Incomplete or illegible applications will be returned. PROCESSING TIME: All applications will be routed for review and approval, allow thirty (30) days.</li> </ul>								
<ul> <li>SLAP Entity ID (Special Permit and License ID) - New applicants SLAP ID will be assigned when the</li> </ul>								
permit is issued.	colai i cirriit aria L	1001100 10)	TTOW application	OLA II ID W	in be assigned when the			
<ul> <li>Federal Tax ID or S</li> </ul>	SSN only required	for new ann	dicante					
T Caciai Tax ib of c	or orny required	ioi new app	moants.					
INSTITUTION OR BUSINESS E	NTITY INFORMATION	ON= (Institutio	n or husiness ent	ity the nermit i	s for )			
				ity the perimer				
INSTITUTION OR BUSINESS ENTITY NAME: (If same as responsible party indicate SAME)					SLAP Entity ID			
MAILING ADDRESS:					FEDERAL TAX ID:			
CITY:	STATE:	ZIP:		E-MAIL ADDRES	SS:			
PHYSICAL ADDRESS:				I				
TITIOIDAE ADDICEGO.								
CITY:	STATE:	ZIP:		TELEPHONE:				
RESPONSIBLE PARTY— Pers	son responsible	for permit						
NAME [LAST] [FIRST		] [MIDDLE]		DLE]	SLAP Entity ID			
MAILING ADDRESS:					SSN			
CITY:	STATE:	ZIP:		E-MAIL ADDRES	SS:			
PHYSICAL ADDRESS:								
CITY:	STATE:	ZIP:		TELEPHONE:				
HEIGHT: WEIG	HT:	HAIR:	EYES:		GENDER:			
DRIVER'S LICENSE NUMBER		STATE:		DATE ISSUED:				
OCCUPATION:	EMPLOYER:							
WORK ADDRESS:								
1. Testant NO I am presently licensed or permitted as a fur dealer/buyer in another state. If YES, list each state:								
2. YES NO I have been licensed or permitted as a fur dealer/buyer in another state. If YES, list each state:								

3. YES N YES, list each sta		ur dealer/buyer is presently revoked or	suspended in another state. If		
commercialization		victed of a state or federal wildlife law years preceding the date on which I heets is necessary.)			
STATE	DATE CONVICTED	DESCRIPTION OF VIOLATION	PENALTY		
	ame and date of birth	of each additional fur buyer/dealer yo	u wish to be included on the		
license.	NAME (ı	DATE OF BIRTH			
7. YES Suspended in any 8. YES Tegulation relating	NO Is the fur dealing/ly other state? If YES, lis NO Has any person lise to the commercializati	buying privilege of any person listed in teach person and the state of suspensions of wildlife in the 5 years preceding the state additional sheets is necessary	Section 5 presently revoked or on:  v state or federal wildlife law or he date on which you sign this		
STATE	DATE CONVICTED	DESCRIPTION OF VIOLATION	PENALTY		
		n, hereby state that I am entitled to this ation or false statement has been made			
Nevada Departr License Office –	Fur Dealer	Date Returned for Addi	tional Information:		
6980 Sierra Cer Reno, NV 8951	iter Parkway, Ste-120 I				
Department Repres	sentative:		Date Disapproved:		
Date Received:		Letter Sent:	Letter Sent:		