



MS Department of Wildlife, Fisheries, & Parks

North Regional Office

P.O. Box 100

Enid, MS 38927

(662) 563-6222 Phone (662) 563-6224 Fax

APPLICATION FOR COMMERCIAL QUAIL BREEDER'S LICENSE

Name: _____ DOB: _____

Home/Cell Phone: _____ E-Mail: _____

Address: _____

Street

City

State

Zip

Driver's License #/State: _____ Social Security #: _____

I, _____ the undersigned, residing at the above address, hereby make application for a Commercial Quail Breeder's License as specified below. In connection with this application and which is made a part thereof, I certify that the answers to the following questions are correct and agree, if a commercial quail breeder's license is issued to me, to comply with all the provisions of the Department of Wildlife, Fisheries, and Parks laws and regulations pertaining thereto.

Name of Person, Firm, or Corporation to engage in the propagation of pen-raised quail for commercial sale for consumption thereof; _____

Street

City

State

County

Zip

Give exact description of location where quails are to be propagated and processed for shipment;

Street

City

State

County

Zip

Species of quail to be propagated and sold: _____

Number on hand at time of this application: Bob White Quail _____

Other (list number of each species) _____

How many birds of each species listed above do you plan to produce and market in 365 days following issuance of this license? Number _____

In accordance with Section 49-13-7 of the Mississippi Code, I submit herewith by certified check, money order or draft in the amount of \$28.49 representing applicant's fee for commercial quail breeder's license.

Signature of Applicant

Date