



**MS Department of Wildlife, Fisheries, & Parks**

Central Regional Office

506 Hwy 43 South

Canton, MS 39046

(601) 859-3421 Phone (601) 859-1818 Fax

**APPLICATION FOR SHOOTING PRESERVE 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 Shooting Preserve 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 Shooting Preserve License is issued to me, to comply with all the provisions of the Department of Wildlife, Fisheries, and Parks laws and regulations pertaining thereof:

Name of Person, Partnership, Association, or Corporation to engage in the operation of the Shooting Preserve \_\_\_\_\_ Phone: \_\_\_\_\_

Street City State County Zip

Give exact legal description of lands in Shooting Preserve for which license is applied (Must be in one Tract):

County: \_\_\_\_\_ Exact Acres Described Below: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_

Sections: \_\_\_\_\_

Description: \_\_\_\_\_

This Shooting Preserve is to be operated as follows (Check One Only):

( ) Open to the public on a commercial basis

( ) Restricted to a membership or other limited group

Species of artificially propagated game to be hunted and taken on this Shooting Preserve:

Pheasants ( ) Quail ( ) Black Ducks ( ) Mallard Ducks ( ) Chukar ( )

**In accordance with Section 49-11-5, I submit herewith by certified check or money order in the amount of \$ \_\_\_\_\_ representing applicant's fee of \$100.00 per year for the first 300 acres of preserve area plus \$10.00 per year for each additional 100 acres or parts thereof. Additionally an agent fee of \$1.00 and a transaction fee of \$2.49 will be added to the total amount. (640 ACRES IS THE MAXIMUM ACREAGE PER SHOOTING PERMIT)**

**APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**