

## MS Department of Wildlife, Fisheries, & Parks

South Regional Office 1201 N. Clark Avenue Magnolia, MS 39652

(601) 783-2911 Phone (601) 783-2926 Fax

## APPLICATION FOR SHOOTING PRESERVE LICENSE

Name:	DOB:			
Home/Cell Phone:				
Address:				
Street	City		State	Zip
Driver's License #/State:	Social Sec	Social Security #:		
I.	the undersigned, residing at the above			
address, hereby make application for a Shootii				
application and which is made a part thereof, I				
agree, if a Shooting Preserve License is issued	·		='	
Wildlife, Fisheries, and Parks laws and regulati				
Name of Person, Partnership, Association, or C	orporation to engage in the op	eration of th	ne Shooting Pre	eserve
	Phone:			
Street	City	State	County	Zip
Give exact legal description of lands in Shootin	·		•	•
County:				
Township:				
Sections:				
Desription:				
	(0) 10 011			
This Shooting Preserve is to be operated as foll	ows (Check One Only):			
( ) Open to the public on a commercial basis	d ava			
( ) Restricted to a membership or other limited Species of artificially propagated game to be high	= :	ng Proconyo		
Pheasants () Quail () Black Ducks () Mai		ilg Preserve	•	
Theasants ( ) Qualit ( ) Black Bucks ( ) Wa	ilara Dacks ( ) Cilakar ( )			
In accordance with Section 49-11-5, I submit h	nerewith by certified check or r	noney orde	r in the amou	nt 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	s thereof. Additionally an ager	nt fee of \$1.	.00 and a trans	action
fee of \$2.49 will be added to the total amount	t. (640 ACRES IS THE MAXIMUI	M ACREAGE	PER SHOOTIN	<b>IG</b>
PERMIT)				

DATE:

APPLICANT'S SIGNATURE: