

# NEBRASKA



2200 NORTH 33RD, P. O. BOX 30370  
LINCOLN, NE 68503

## BAIT DEALER APPLICATION

PERMITTEE NAME: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAXNUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I herein make application for a Bait Vendor Permit to seine and sell minnows, crayfish, and tiger salamanders on a commercial basis for profit from January 1, \_\_\_\_ through December 31, \_\_\_\_.

COLOR HAIR	COLOR EYES	HEIGHT FT.      IN.		WEIGHT	DATE OF BIRTH MO/DAY/YEAR	AGE	SEX

ANNUAL FEE RESIDENT: \$40.00

ANNUAL FEE NON-RESIDENT: \$233.00