



# Maryland Department Of Natural Resources

## Fishing & Boating Services

### Fee Fishing Lake Permit Application

#### INSTRUCTIONS

A fee of \$25.00 is required. Make a check or money order payable to The Department of Natural Resources.

Mail to: DNR Fishing and Boating Services B-2, 580 Taylor Ave., Annapolis MD 21401, or Pay online at

<https://www.shopdnr.com/feefishinglakepermitfee.aspx>

**THE FOLLOWING DOCUMENTS MUST BE MAILED/EMAILED TO: [paylakes.dnr@maryland.gov](mailto:paylakes.dnr@maryland.gov)**

1. A map showing the location of the facility with directions from the nearest major roadway (initial application only).
2. A description of the fee fishing operation and a sketch of the facility, ponds, etc., including any inflow or effluent from the facility. (see page 2)
3. **Do you employ one or more persons? \_\_ Yes \_\_ No.** If yes, a certificate of compliance with state workmen's compensation laws pursuant to §1-401 of the Natural Resources Article, Annotated Code of Maryland is required. An employer-applicant may provide, as evidence of insurance, a workmen's compensation insurance policy number or binder number, in lieu of submitting a certificate of compliance.

#### IN ADDITION TO THE ABOVE THE PERMITTEE MUST:

1. Maintain shipping and receiving records by species of stocks on hand at the facility, and the distribution of fish or aquatic plants to or from the facility. All records shall be maintained at the facility, or at a specified location other than the facility and be made available to the Department of Natural Resources for inspection upon request. All fish received for stocking in the permitted enclosure shall be from an approved supplier: [dnr.maryland.gov/fisheries/Documents/Approved\\_Fish\\_Suppliers.pdf](https://dnr.maryland.gov/fisheries/Documents/Approved_Fish_Suppliers.pdf)
2. Notify the Department of Natural Resources immediately upon discovery of any disease affecting the fish or plants at the facility that has the potential to contaminate native or naturalized plants or animals. If an invasive/nonnative species as listed in COMAR 08.02.19 is found in the permitted enclosure, the species shall be euthanized onsite at the time of capture and not returned to any body of water in Maryland.
3. Submit an annual report of activities under the permit to [paylakes.dnr@maryland.gov](mailto:paylakes.dnr@maryland.gov). (see page 3)

Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County where facility is located: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

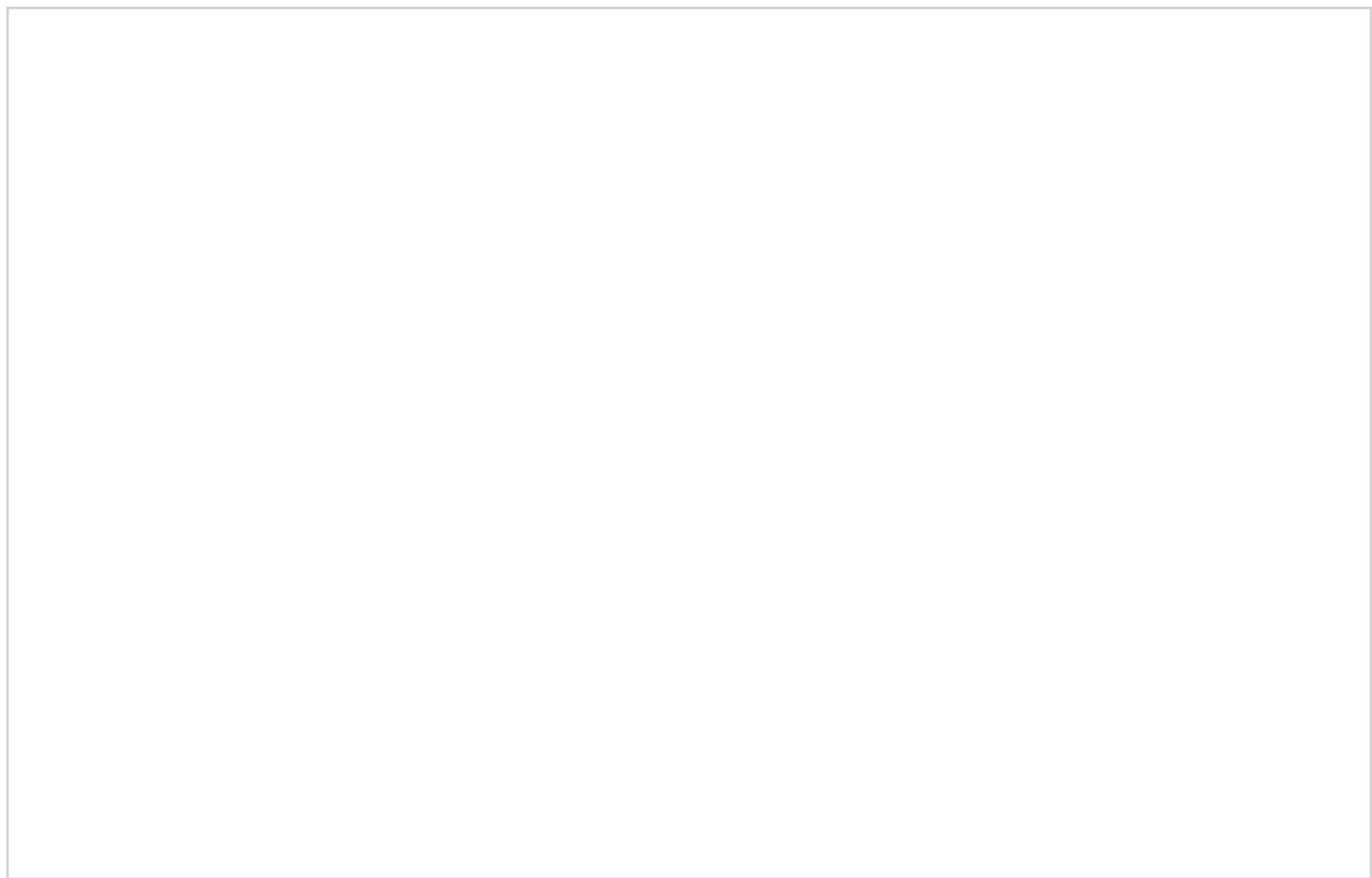
#### POND/LAKE SPECIFICS (attach additional pages if necessary)

Number of Ponds/Lakes: \_\_\_\_\_ Surface area of each Pond/Lake (Acres): \_\_\_\_\_

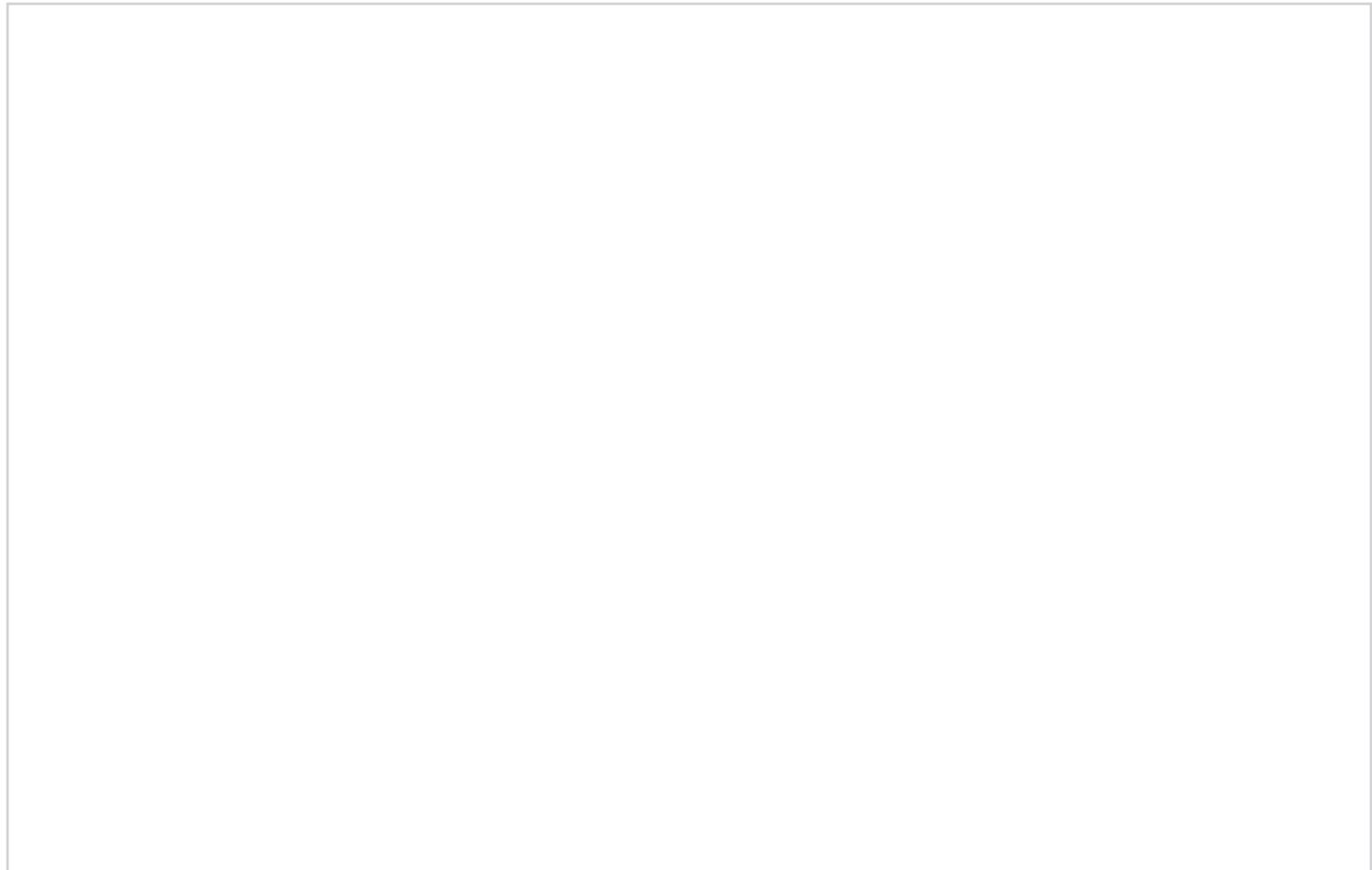
Location of each Pond/Lake (if different from the Facility Address Above):

Nearest Body of water (The location of the nearest body of water that could receive discharge effluent) :

**SITE MAP showing the location of the facility with directions from the nearest major roadway (initial application only)**



**SITE MAP2 sketch of the facility, ponds, etc., including any inflow or effluent from the facility. (attach additional pages if necessary)**



**ADDITIONAL SITE INFORMATION** Please describe the fee fishing operation, attach additional pages if necessary)

**EXISTING SPECIES INFORMATION (attach additional pages if necessary)**

SPECIES*	ORIGIN (NAME & ADDRESS OF SUPPLIER)*	DATE AQUIRED

**CURRENT PERMIT YEAR SPECIES TO BE STOCKED INFORMATION (attach additional pages if necessary)**

\* If stocking fish, you **MUST** source from an approved supplier.

For a list of current Approved Suppliers, visit [https://dnr.maryland.gov/fisheries/Documents/Approved\\_Fish\\_Suppliers.pdf](https://dnr.maryland.gov/fisheries/Documents/Approved_Fish_Suppliers.pdf)

or scan the QR CODE to the right will your smartphone to go directly to the address above.



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**Annual Reporting Requirement**

Were fish/aquatic plants removed from the facility and stocked in another location?  Yes  No

If Yes, Please explain where fish/aquatic plants were removed from the facility and stocked in another location?: \_\_\_\_\_

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Were any fish kills experienced in the prior calendar year?  Yes  No

If Yes, please describe the fish kills experienced in the prior calendar year.

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I hereby apply for the above permit and certify under penalty of perjury that the information herein is true and correct to the best of my knowledge, information and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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