



MARYLAND DEPARTMENT OF NATURAL RESOURCES

FISHING & BOATING SERVICES

FEE FISHING LAKE PERMIT APPLICATION

INSTRUCTIONS

- A. FEE \$25.00. MAKE CHECK OR MONEY ORDER PAYABLE TO THE DEPARTMENT OF NATURAL RESOURCES.
- B. COMPLETE ALL INFORMATION (**TOTAL OF 11 SECTIONS**). PLEASE PRINT OR TYPE.
- C. RETURN COMPLETED APPLICATION WITH CHECK OR MONEY ORDER RICHARD BOHN, DNR FISHERIES SERVICE B-2, 580 TAYLOR AVENUE, ANNAPOLIS MD 21401, OR APPLY AND PAY ONLINE AT THE DNR WEB SITE; CONTACT paylakes.dnr@maryland.gov

1. NAME OF PERSON TO CONTACT

2. PHONE

3. EMAIL (OPTIONAL)

4. COUNTY WHERE FACILITY IS LOCATED

5. FACILITY NAME

6. MAILING ADDRESS

7. FACILITY ADDRESS

8. POND/LAKE SPECIFICS (attach additional pages if necessary)

NUMBER OF PONDS/LAKES _____ SURFACE AREA OF EACH POND/LAKE (ACRE) _____

LOCATION OF EACH POND (if different than above address):

THE LOCATION OF THE NEAREST BODY OF WATER THAT COULD RECEIVE DISCHARGE EFFLUENT:

9. SPECIES INFORMATION (attach additional pages if necessary)

SPECIES

ORIGIN (NAME & ADDRESS OF SUPPLIER)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPLICATION CONTINUES ON NEXT PAGE

10. THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION:

- A.** A MAP SHOWING THE LOCATION OF THE FACILITY WITH DIRECTIONS FROM THE NEAREST MAJOR ROADWAY (INITIAL APPLICATION ONLY).
- B.** A DESCRIPTION OF THE FEE FISHING OPERATION AND A SKETCH OF THE FACILITY, PONDS, ETC., INCLUDING ANY INFLOW OR EFFLUENT FROM THE FACILITY.
- C.** IF EMPLOYING ONE OR MORE PERSONS, A CERTIFICATE OF COMPLIANCE WITH STATE WORKMEN'S COMPENSATION LAWS PURSUANT TO §1-401 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND. 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.

11. IN ADDITION TO THE ABOVE THE PERMITTEE MUST:

- A.** 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 FOR INSPECTION UPON REQUEST.
- B.** NOTIFY THE DEPARTMENT 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.
- C.** SUBMIT AN ANNUAL REPORT OF ACTIVITIES UNDER THE PERMIT.

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 _____