

LICENSE DURATION
1 Year (Jan 1 – Dec 31)

Hatchery Permit (Black Bass, Salmon & Trout) Application

License # _____

NO LICENSE FEE

For more information on this license visit <https://www.dec.ny.gov/permits/28664.html>

*APPLICANT INFORMATION

name / date of birth

Last First M.I. DOB (mm/dd/yyyy)

address

Street Address Apartment/Unit City

County State Zip Code

email / telephone

Email Telephone (_____) - _____

*FACILITY LOCATION (Complete this section if different than above.)

facility and property owner name

Facility / Business Name Name of Property Owner

address

Street Address Apartment/Unit City

County State Zip Code Telephone (_____) - _____

*FACILITY DESCRIPTION

Number of raceways/intensive rearing units Anticipated annual production (lbs)

Sources and quantity of water used

Number of Ponds Total Surface area of ponds (acres) If pond(s) have an outlet, identify the nearest body of water it drains into

*PERMIT ACTIVITY INFORMATION

select the species you intend to raise

Largemouth Bass
 Small Mouth Bass
 Brook Trout
 Brown Trout
 Rainbow Trout
 Atlantic Salmon
 Other Salmonids Specify _____

sources from which you will acquire the fish

Sale for stocking into NYS Waters
 Sale for Consumption
 Exhibition
 Other Specify _____

*PUBLIC CONTACT LIST INFORMATION (Complete this section if you want your information included on the listing of hatcheries posted on the DEC website.)

Hatchery Telephone Hatchery Email

Fish species available

REQUIRED DOCUMENT(S)

(must be submitted with your application)

- Sketch or aerial map of the facility layout, including dimensions.
- If stocking into waters of New York State, copy of stocking permit
- If applicant is not the landowner, letter of written permission from landowner.

APPLICATION CHECKLIST

(before sending this application, please verify the following)

- All application fields/sections marked with an asterisk (*) are complete¹
- You signed and dated below

***NOTICE:** Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Law.

Applicant's Signature

Date

MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:

NYS Department of Environmental Conservation
Special Licenses Unit · 5th Floor
625 Broadway, Albany, New York 12233

For questions or concerns, please contact us
Phone: (518) 402-8985 · Fax: (518) 402-8925
Email: SpecialLicenses@dec.ny.gov
Website: www.dec.ny.gov/63.html

Please allow 45 days for DEC to review and process your application.

¹Incomplete or vague applications will be returned and delay the processing of your permit.