

LICENSE DURATION

5 Years

LICENSE FEE (Check One)

- \$200.00 Class A
- \$60.00 Class B

# Shooting Preserve License

## Application

For more information on this license visit [www.dec.ny.gov/permits/25025.html](http://www.dec.ny.gov/permits/25025.html)

For Office Use Only

- License # \_\_\_\_\_
- Fee Paid \$ \_\_\_\_\_
- Check # \_\_\_\_\_
- M.O. # \_\_\_\_\_

**\*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 / BUSINESS INFORMATION** (Complete this section if different from above)

facility / business name and total acreage

\_\_\_\_\_ **\*total acreage of land to be licensed as the shooting preserve** \_\_\_\_\_

address

Street Address \_\_\_\_\_ Apartment/Unit \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**\*LEASE INFORMATION** (Complete this section if all or part of the preserve will be held on leased land)

**Must be completed and signed by landowner of the property**  
(If leasing property from more than one landowner, attach additional sheets)

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Number of Acres to be Leased \_\_\_\_\_ Start Date of Lease \_\_\_\_\_ End date of Lease \_\_\_\_\_

This is written evidence that pursuant to Section 11-1903 of the Environmental Conservation Law, I have leased exclusive hunting rights on my land for shooting preserve purposes on the property and to the applicant identified above.

\_\_\_\_\_  
Lessor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED DOCUMENT(S)**

(must be submitted with your application)

- Check or money order for the appropriate 1 year or 5 year license fee made payable to: "NYS Department of Environmental Conservation"
- Tax ID Map of the preserve area to be licensed. Include total acreage and any bordering properties or roads

**APPLICATION CHECKLIST**

(before sending this application, please verify the following)

- All application fields/sections marked with an asterisk ( \* ) are complete<sup>1</sup>
- 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](mailto:SpecialLicenses@dec.ny.gov)  
Website: [www.dec.ny.gov/63.html](http://www.dec.ny.gov/63.html)

Please allow 45 days for DEC to review and process your application.  
<sup>1</sup>Incomplete or vague applications will be returned and delay the processing of your permit.