

Florida Fish and Wildlife Conservation Commission

Application for:

HUNTING PRESERVE LICENSE

() HPL – Hunting Preserve.....\$70.00 Fee

() BHP – Blanket Hunting Preserve.....\$500.00 Fee

Mail completed applications and payment to: P. O. Box 6150, Tallahassee, FL 32314-6150

Failure to complete the application and attach all required documents will result in application being returned and/or denied.

New Applicant: yes _____ no _____

BUSINESS INFORMATION:

Business Name (if registered through the State of Florida Division of Corporations) _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone (____) _____

Emergency Contact (not the applicant) _____ Phone Number (____) _____

FACILITY INFORMATION:

Facility Address _____ City _____ State _____ Zip _____

**** If address is a rural route, provide directions to location of facility on additional sheet.**

County (where the facility is located) _____ Size of fenced Hunt Preserve (in acres) _____ Parcel Number _____

Property Owned ☐ Property Leased ☐

If Leased:

- The lease agreement shall be for a term sufficient to cover the term of the license. Provide a copy of the valid and current lease agreement. **Lease Expiration Date (MM/DD/YY) ____ / ____ / ____**

Type of Preserve: Private ☐ Commercial ☐

- **Only Commercial Preserves are eligible to be licensed as Blanket Hunting Preserves**

INVENTORY OF GAME:

Please check the category of wildlife you are requesting authorization for and complete the attached inventory sheet.

Game Birds ☐ Game Mammals ☐

APPLICANT INFORMATION:

E-mail Address _____ Date of Birth ____ / ____ / ____ Sex ____ Race ____ Height ____ ft ____ in

Driver's License Number _____ (attach copy of valid government-issued photo ID)

Exempt from Public Records: ☐ Yes ☐ No **If yes is checked, applicant must provide proof, per Florida Statute 119.071(4)(d).**

I swear and affirm that the information provided is true and correct. I agree to adhere to the provisions of Chapter 379 Florida Statutes, and the rules and regulations of the Commission pertaining to the possession of wildlife. I understand that my wildlife facilities are subject to inspection by Commission personnel as required by Florida Statute and Rule.

Applicant Name (Please Print) _____ Home Phone (____) _____

Applicant Signature _____ Date Signed (MM/DD/YY) ____ / ____ / ____

FOR COMMISSION USE ONLY:

Approved by _____ Date ____ / ____ / ____ Code: _____

Denied by _____ Date ____ / ____ / ____ Reason: _____

WILDLIFE THAT YOU CURRENTLY POSSESS AND/OR PLAN TO POSSESS IN FLORIDA: Please indicate the exact number of species you currently possess in the “Quantity” field. For the species that you plan to possess put a “P” in the “Quantity” field. Please list all wildlife by species in the species list. **All applicants** (new or renewal) must provide a current inventory of the wildlife that you are requesting the authority to possess

GAME MAMMALS		
Family	Quantity	Species List
Cervidae (deer, elk etc.)		
Bovidae (antelope, buffalo etc.)		
Suidae (hog)		

GAME BIRDS		
Species	Quantity	Species List
Chukar		
Pheasant		
Quail		
Partridge		
Turkey		
Other (specify)		

***Cervidae* and Blackbuck Antelope shall be free-roaming on not less than 200 acres**

***Bovidae* shall be free-roaming on not less than 300 acres**

***Suidae* shall be free-roaming on not less than 100 acres**

For complete acreage and land requirements refer to Rule 68A-12.010, Florida Administrative Code (FAC)