



# Mackerel Tournament Donation Permit Application

Florida Fish and Wildlife Conservation Commission  
Division of Marine Fisheries Management  
620 S. Meridian St., Mail Station 4B3, Tallahassee, Florida 32399-1600  
Ph: 850-487-0554 • Fax: 850-487-4847

Complete all information that is applicable to your permit request. If additional space is required other than what is provided on the form, you may provide additional attachments as long as they are clearly marked and identifiable.

(Please Print or Type)

## A. GENERAL APPLICANT INFORMATION

Name: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Organizer's  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_  
Email Address\*\*: \_\_\_\_\_

**\*\*To provide more timely exchange of information please check this box:**

I authorize FWC to send me future correspondence regarding this application, including requests for additional information and final agency permitting actions by either e-mail or express delivery. Future agency actions will be provided henceforth by either e-mail or express delivery.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Certification: I hereby swear and affirm by signature that the information submitted in this application and supporting documents is complete and accurate to the best of my knowledge and belief. I understand that any false statements or misrepresentations when applying for this permit may result in revocation of this permit and the denial of future permit applications.*

**A. ELIGIBILITY.** A Mackerel Tournament Donation Permit may only be issued to the director of a fishing tournament that agrees to the following permit conditions:

1. Permits only issued to the director of an organized tournament that has provided FWC with information required by rule
2. King or Spanish mackerel caught in an organized tournament may be donated to a licensed wholesale seafood dealer. Donation of tournament fish as authorized by this permit does not constitute a sale
3. A licensed wholesale dealer must be present at the tournament check in location to receive the tournament-caught fish
4. The tournament organizer may not also be the licensed wholesale seafood dealer accepting donated fish from the tournament
5. Proceeds from the sale of the fish must be donated to a charitable organization
6. Proceeds cannot be used for tournament expenses or prizes
7. Tournament organizers must ensure that donated fish are properly handled and iced according to seafood safety standards
8. Fish must be reported by the wholesale dealer as tournament-caught fish on trip tickets

**B. TOURNAMENT INFORMATION.**

I. Tournament Name: \_\_\_\_\_

II. Number of active participants. Tournaments must have 10 or more active participants for a Mackerel Tournament Donation Permit to be valid.

Number of Tournament Participants: \_\_\_\_\_

III. Entry fee. Does the tournament require an entry fee? *Check one:*  YES  NO

IV. Prizes. Does the tournament award prizes? *Check one:*  YES  NO

V. When will the tournament occur? List the dates and start and finish times when tournament-related fishing activities will occur:

\_\_\_\_\_

\_\_\_\_\_

VI. Tournament location. Where will the landing and weigh-in take place? Provide location name(s) and physical address(es) if applicable.

\_\_\_\_\_

\_\_\_\_\_

VII. Wholesale Seafood Dealer Information. Provide all of the following information for the licensed wholesale dealer that will be accepting fish donated from the tournament:

Wholesale Dealer Name: \_\_\_\_\_ Wholesale Dealer License Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Business Address: \_\_\_\_\_

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

VIII. Charitable Organization Information. Provide all of the following information for the charitable organization that will be accepting the monetary donation from the wholesale dealer:

Organization Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**C. APPLICATION SUBMISSION.**

Applications may be submitted electronically to Marine@MyFWC.com, may be faxed to (850) 487-4847, or may be mailed to the following address:

FWC – Division of Marine Fisheries Management  
620 S. Meridian St., Mailbox 4B3  
Tallahassee, FL 32399-1600

Documents submitted separately from an application form should be marked (or files named) with the applicant’s name and organization.