|  | TMENT OF AGRICU<br>350 N. Redwood Roa<br>P.O. Box 146500<br>Salt Lake City, UT 84114<br>2-2240 Information (38                        | d<br>6500  |                                 |
|--|---|--|---------------------------------|
| ELK  | FARMING LICENSE AP<br>Fee \$300.00  | PLICATION  |                                 |
| Hunting Park   | 📃 Elk Farm  |  | ] Zoo                           |
| New Application Renewal  | Facility No.  | Date Issued  |                                 |
| <ol> <li>Pursuant of the Laws of Utah, I (we)<br/>Hereby make application for a Utah Licen<br/>July 1, and ending June 30,</li> </ol>  |   | lunting Park or Zoo during t   | he year beginning               |
| 2. Trade Name:   | Phone No.:  | Fax:   |                                 |
| <b>3.</b> Address where stock will be held:  |   |  |                                 |
| <ol> <li>Address where records will be kept:</li> <li>5. Business or mailing address if different fr</li> </ol>  | rom above:  |  |                                 |
| <ul> <li>4. Address where records will be kept:</li> <li>5. Business or mailing address if different free free free free free free free fre</li></ul>  | rom above:<br>Partnership   | <ul> <li>Association</li> </ul>  | <ul> <li>Corporation</li> </ul> |
| <b>5.</b> Business or mailing address if different fr  | O Partnership   | ~  | <ul> <li>Corporation</li> </ul> |
| <ul> <li>5. Business or mailing address if different fr</li> <li>6. Status of Licensee: O Individual</li> <li>7. State below the name(s) of the owner(s),</li> </ul>   | <ul> <li>Partnership</li> <li>partner(s), or principal offic</li> </ul>   | ~  | Corporation                     |
| <ul> <li>5. Business or mailing address if different fr</li> <li>6. Status of Licensee: O Individual</li> <li>7. State below the name(s) of the owner(s),</li> </ul>   | <ul> <li>Partnership</li> <li>partner(s), or principal offic</li> <li>Title</li></ul>   | ers of the corporation:  | Corporation                     |
| <ul> <li>5. Business or mailing address if different fr</li> <li>6. Status of Licensee:  <ul> <li>Individual</li> </ul> </li> <li>7. State below the name(s) of the owner(s), Name <ul> <li>Address</li> </ul> </li> </ul>   | <ul> <li>Partnership</li> <li>partner(s), or principal offic</li> <li>Title</li> </ul>  | ers of the corporation:  |                                 |
| <ul> <li>5. Business or mailing address if different fr</li> <li>6. Status of Licensee:  <ul> <li>Individual</li> </ul> </li> <li>7. State below the name(s) of the owner(s), Name <ul> <li>Address</li> <li>E-mail</li> </ul> </li> </ul>   | Partnership          Partnership         partner(s), or principal offic   | ers of the corporation:  |                                 |
| <ul> <li>5. Business or mailing address if different fr</li> <li>6. Status of Licensee: <a>Individual</a></li> <li>7. State below the name(s) of the owner(s), Name</li> <li>Address</li> <li>E-mail</li> </ul>  | Partnership partner(s), or principal offic Title Cell Title Title   | ers of the corporation:<br><br>Bus Pho   |                                 |
| <ul> <li>5. Business or mailing address if different fractional</li> <li>6. Status of Licensee: O Individual</li> <li>7. State below the name(s) of the owner(s), Name</li> <li>Address</li> <li>E-mail</li> <li>Name</li> </ul>   | Partnership          partner(s), or principal offic   | ers of the corporation:<br><br>Bus Pho   | one                             |
| <ul> <li>5. Business or mailing address if different free.</li> <li>6. Status of Licensee: <a>Individual</a></li> <li>7. State below the name(s) of the owner(s), Name</li> <li>Address</li> <li>E-mail</li> <li>Name</li> <li>Address</li> <li>E-mail</li> </ul>  | Partnership          partner(s), or principal offic   | ers of the corporation:<br><br>Bus Pho   | one                             |
| <ul> <li>5. Business or mailing address if different free for the second second</li></ul> | Partnership   partner(s), or principal offic   Title   Cell   Title   Cell   Title     Title  | ers of the corporation: Bus Pho Bus Pho Bus Pho  | one                             |
| 5. Business or mailing address if different fr<br>6. Status of Licensee: O Individual<br>7. State below the name(s) of the owner(s),<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address  | Partnership   . partner(s), or principal offic   . partner(s), or principal offic   | ers of the corporation: Bus Pho Bus Pho Bus Pho  | one                             |
| 5. Business or mailing address if different fr<br>6. Status of Licensee: O Individual<br>7. State below the name(s) of the owner(s),<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail   | Partnership   partner(s), or principal offic   partner(s), or principal offic   Title   Cell   Title   Cell   Title     Cell     Cell | ers of the corporation: Bus Pho Bus Pho Bus Pho Bus Pho                                    | one                             |
| 5. Business or mailing address if different fr<br>6. Status of Licensee: O Individual<br>7. State below the name(s) of the owner(s),<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>E-mail<br>Name<br>Address<br>E-mail<br>Name   | Partnership   partner(s), or principal offic   partner(s), or principal offic   Title   Cell   Title   Cell   Title     Cell     Cell | ers of the corporation: Bus Pho Bus Pho Bus Pho Bus Pho                                    | one                             |
| 5. Business or mailing address if different fr         6. Status of Licensee:         O Individual         7. State below the name(s) of the owner(s),         Name         Address         E-mail         Status   | Partnership   partner(s), or principal offic   partner(s), or principal offic   Title   Cell   Title   Cell   Title     Cell     Cell | ers of the corporation: Bus Pho Bus Pho Bus Pho Bus Pho Cation date:                       | one                             |
| 5. Business or mailing address if different fr<br>6. Status of Licensee: Individual<br>7. State below the name(s) of the owner(s),<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Name<br>Address<br>E-mail<br>Number of Mature Bulls  | Partnership   partner(s), or principal offic   partner(s), or principal offic   Title   Cell   Title   Cell   Title     Cell     Cell | ers of the corporation: Bus Pho Bus Pho Bus Pho Bus Pho Cation date: Number of Mature Cows | one                             |

| Namo   | Number of Elk                              | Phone   |
|--|--|---|
| Name   |  |   |
|  |  |   |
| Name   | Number of Elk                              | Phone   |
| Address  |  |   |
| Name   | Number of Elk                              | Phone   |
|  |  |   |
| NOTE:  |  |   |
| Any applicant who, under oath, su<br>s punishable by law.                                  | pplies false information to an agency in a | ny application for a license, commits perjury a               |
|  |  |   |
|  | Signature of Applicant                     | Date  |
|  | FOR DEPARTMENT USE O                       |   |
|  |  |   |
| <b>10.</b> Facility inspection completed   | l by (attach inspection form):             |   |
|  | Utał                                       | h Brand Inspector/Utah Division of Wildlife Resources Officer |
| Details  |  |   |
|  |  |   |
| <b>11.</b> Evidence of herd purity:  |  |   |
|  |  |   |
|  | Officer                                    | Date  |
| Details  |  | Date  |
| Details  | Officer                                    | Date  |
|  | Officer                                    | Date  |
|  | Officer                                    | Date  |
| <b>12.</b> Evidence of herd health:  | Officer                                    | Date  |
| <b>12.</b> Evidence of herd health:<br>Details   | Officer<br>Officer                         | Date  |
| <b>12.</b> Evidence of herd health:<br>Details   | Officer<br>Officer                         | Date  |
| <b>12.</b> Evidence of herd health:<br>Details   | Officer<br>Officer                         | Date  |
| <b>12.</b> Evidence of herd health:<br>Details<br>Approved by:                             | Officer<br>Officer                         | Date  |
| <b>12.</b> Evidence of herd health:         Details         Approved by:         Bureau Ch | Officer Officer Officer                    | Date  |
| <b>12.</b> Evidence of herd health:<br>Details<br>Approved by:                             | Officer Officer Officer                    | Date  |