



UTAH DEPARTMENT OF AGRICULTURE AND FOOD

4315 South 2700 West
TSOB South Bldg, Floor 2
Taylorsville, UT 84129-2128

435-994-4553 Information (385) 465-6026 FAX

ELK FARMING LICENSE APPLICATION
New Application Fee \$500; Renewal Fee \$300

Elk Ranch (Hunt Park) Domesticated Elk Facility (Farm) Zoo
New Application Renewal Facility No. Date Issued

1. Pursuant of the Laws of Utah, I (we)
Hereby make application for a Utah License to operate an Elk Farm, Hunting Park or Zoo during the year beginning
July 1, and ending June 30, .

2. Trade Name: Phone No.: Fax:

3. Address where stock will be held:

4. Address where records will be kept:

5. Business or mailing address if different from above:

6. Status of Licensee: Individual Partnership Association Corporation

7. State below the name(s) of the owner(s), partner(s), or principal officers of the corporation:
Name Title
Address
E-mail Cell Bus Phone

8. Inventory of elk on premises (including boarded animals) as of application date:
Number of Mature Bulls (Over yearlings) Number of Mature Cows (Over yearlings)
Number of Yearling Bulls Number of Yearling Heifers
Number of Bull Calves born this year Number of Heifer Calves born this year

Reset Form

9. List names of legal owners other than licensee having elk on the licensed farm and number of head owned by each owner. If additional space is needed, use back of form. These animals must be shown in the total inventory counts above in section #8.

Name _____ Number of Elk _____ Phone _____

Address _____

Name _____ Number of Elk _____ Phone _____

Address _____

Name _____ Number of Elk _____ Phone _____

Address _____

NOTE:

Any applicant who, under oath, supplies false information to an agency in any application for a license, commits perjury and is punishable by law.

Signature of Applicant

Date

FOR DEPARTMENT USE ONLY

10. Facility inspection completed by (attach inspection form): _____

UDAF Elk Program Manager/Utah Division of Wildlife Resources Officer

Details

11. Evidence of herd purity: _____

Officer

Date

Details

12. Evidence of herd health: _____

Officer

Date

Details

Approved by: _____

Bureau Chief, Livestock Inspection

Fee received: _____

Date

Receipt Number: _____

License Number: _____

Date Issued: _____

Expires: _____

Reset Form