

Aid for Completing Your Aquaculture Application

The following is to aid you in completing your Aquaculture Application. Be sure to complete all areas. If something does not apply to you, please cross out the area or write "N/A" on the line. Be sure to complete the information on the back of the application as well. Failure to adequately complete your application may result in your application being returned to you and a delay in processing.

1. **License Year Ending:** This is the year your license will expire. Remember, an application expires yearly on September 30th. Therefore, you will need to write down the year whenever the next September 30th will fall. If you are no longer operating an aquaculture business, please check "no longer needed," complete the business information and corporate/owner information, sign and date the application, and return it to the department. Alternatively, you may supply a signed written letter indicating that you are no longer operating an aquaculture business. If choosing this option, you must site the name and address (street, city, state, zip code) of the business in your letter.
2. **If Renewal, License No. of Establishment:** If this is a renewal application, please record your license number. If you do not know your number, please refer to your most recent license as the number is displayed there.
3. **Business Name:** Please indicate the name of your aquaculture business.
4. **Business Address:** This is the address (street number and name) where you do business. This is where your aquaculture facility is located.
5. **City:** This is the city where your aquaculture business is located.
6. **State:** This is the state where your aquaculture business is located.
7. **County:** This is the county where your aquaculture business is located.
8. **Zip:** Please indicate the zip code where your aquaculture business is located.
9. **Business Phone:** Please indicate the phone number, including the area code, at the business.
10. **Business Fax:** Please indicate the fax number, including the area code, at the business.
11. **Business E-mail:** Please indicate the email address for the business.
12. **Mailing Address if different from above:** If mail for the business goes to a different address than the business address, please indicate this address (street number and name, or P.O. Box). MDARD will mail all mailing, including licenses, renewals, memos, newsletters, and hearing notices to this address. If a mailing address is not indicated, all mailings will be sent to the business address.)
13. **City:** If your mail goes to a different address than the business address, please indicate the city where your mail goes.
14. **State:** If your mail goes to a different address than the business address, please indicate the state where your mail goes.
15. **County:** If your mail goes to a different address than the business address, please indicate the county where your mail goes.
16. **Zip:** If your mail goes to a different address than the business address, please indicate the zip code where your mail goes.
17. **Ownership Type:** Please mark the box indicating the type of ownership of the business.
 - a. **Corporation:** A group of persons authorized to act as an entity having privileges and liabilities distinct from those of its members.
 - b. **Sole Ownership:** Ownership of property by a single person or entity.
 - c. **Partnership:** An association of two or more partners in a business enterprise.
 - d. **L.L.C.:** A Limited Liability Company is a legal company that provides limited personal liability for business debts and claims. The owner is responsible for all

taxes on their shares of the business income on their personal tax returns It is neither a corporation nor a partnership.

- e. **Other:** A type of business not noted above. Please indicate the specify type of ownership (e.g. cooperative, non-profit)
18. **Corporation Name:** If the type of business is a corporation, please provide the name of the corporation.
19. **Owner/President (CEO) Name:** Please indicate the name of whoever is ultimately responsible for the business, and makes the major business decisions for the business.
20. **Street Address of Corporation or Owner:** Please indicate the address (street number and name, or P.O. Box) of the owner of the business, or, if a corporation, the corporate office address.
21. **City:** Please indicate the city where the owner of the business, or, if a corporation, the corporate office resides.
22. **State:** Please indicate the state where the owner of the business, or, if a corporation, the corporate office resides.
23. **County:** Please indicate the county where the owner of the business, or, if a corporation, the corporate office resides.
24. **Zip:** Please indicate the zip code where the owner of the business, or, if a corporation, the corporate office resides.
25. **Phone:** Please indicate the phone number where the owner of the business, or, if a corporation, the corporate office resides.
26. **Fax:** Please indicate the fax number where the owner of the business, or, if a corporation, the corporate office resides.
27. **Email:** Please indicate the email address for the owner of the business, or, if a corporation, the corporate office.
28. **Emergency Contact:** Please indicate the phone number, preferably a 24 hour number for the department to call in the event of an emergency.
29. **Cell Phone:** Please indicate the cell phone number to whoever is ultimately responsible for the business.
30. **Federal/Tax ID:** Please indicate your federal tax number.
31. **License Fees:** Please select the type of license desired. Please check "Initial Application" if the aquaculture business is new (is not currently licensed with MDARD). As a license is not transferable, you must select "Initial Application" if the aquaculture business has been licensed with MDARD, but the business has moved or undergone new ownership. If you are renewing a license for an aquaculture business that is currently licensed with MDARD and the business has neither moved nor changed owners, please check "Renewal." Please note that renewal applications received after October 31st will need to pay the initial fee (\$100 for an Aquaculture Facility Registration or \$ 250 for an aquaculture research permit.) rather than the renewal fee.
 - a. **Aquaculture Facility Registration:** You will need an Aquaculture Research Permit if you wish to commercially culture, produce, grow, use, propagate, harvest, transport, import, export, or market species of fish approved under the Michigan Aquaculture Development Act.
 - b. **Aquaculture Research Permit:** You will need an Aquaculture Research Permit if you wish to commercially culture, produce, grow, use, propagate, harvest, transport, import, export, or market species of fish NOT approved under the Michigan Aquaculture Development Act. You must list the names of these aquaculture species where indicated. You must also include a research protocol for this type of license.
32. **Payment Method:** Please indicate the check number and/or money order number.

33. **Amount Enclosed:** Please indicate the total amount paid via check and/or money order.
34. **Signature:** The individual completing the application must sign their name.
35. **Date:** The date the application was signed.
36. **Please print your name here:** The individual completing the application must print their name.
37. **Title:** Please indicate the title or position the individual completing the application has as it relates to the business.
38. **Approved Species List:** Please select all species you wish to commercially culture, produce, grow, use, propagate, harvest, transport, import, export, or market.