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Florida Fish and Wildlife Conservation Commission

P.O. BOX 6150, Tallahassee, FL 32314-6150
(850)488-3831

Application for
AFL-249 **ALLIGATOR FARMING LICENSE.....$250.00** Fee

New Applicant_____

Farm Name _____ Farmer's Name _____

Mailing Address _____ City _____ State _____ Zip _____

Facility Address _____ City _____ State _____ Zip _____

County Of Facility_____ Business Phone (_____) _____ - _____

Have you been convicted of any crocodilian violation in the last ten years?
No___ Yes___ Give details_____

Give directions to farm location_____

Total square footage of rearing tanks is:_____sq. ft.
Describe the type and sizes of holding facilities on reverse. Attach a diagram to scale, giving the exact dimensions and type of construction for all tanks and pens. Indicate water and dry areas and pens which can be drained.

Alligator Processing Facility Permit (No Cost)

To establish a meat processing facility to process alligator meat for sale, you must comply with the requirements of FAC 39-25.052 and submit with this application a copy of your current food permit from the Department of Agriculture and Consumer Services. Only alligator meat processed in a permitted alligator processing facility may be sold.

Department of Agriculture and Consumer Services Annual Food Permit attached. Yes __ No __

The information provided is true and correct. I agree to adhere to the Florida Statutes and the Commission's rules and regulations governing alligator possession, taking, processing and sale. I understand that issuance of the Alligator Farming License and Permit is contingent upon the inspection and approval of my farm facility in accordance with Florida Statute 372 and the Commission's rules and regulations.

_____ (_____) _____ _____
Owner's Name(Please Print) **Home Phone** **Owner's Signature/Date**

Date of Birth_____Social Security_____Height_____Weight_____Hair___Sex___Race___

FOR COMMISSION USE ONLY
Crocodilian Violations: Yes _____ No _____ Approved to receive: Hatchlings ____ Eggs _____ Captive propagation _____
Approved:_____ Date _____
Denied: _____ Date _____
Reason: _____
Revised 12/00

VALID FOR 12 MONTHS

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