RETURN BOTH COPIES
ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

Florida Fish & Wildlife Conservation Commission

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

Application for
APL-251 **ALLIGATOR PROCESSOR'S LICENSE.....$250.00 Fee**

New Applicant_____

Name _____

Mailing Address_____ City _____ State ____ Zip _____

Location Address _____ City _____ State ____ Zip _____

County _____ Business Phone(____) ____ - _____

*If address is a rural route, provide directions to location of activity on reverse.

Have you been convicted of any crocodilian violation in the last ten years?
No___ Yes___ - Give details:_____
_____

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 processing and sale.

_____ _(___)_____ _____
Owner Name(Please Print) **Home Phone** **Owner Signature/Date**

Date of Birth_____**Social Security**_____**Height**____**Weight**____**Hair**___**Sex**___**Race**___

_____
FOR COMMISSION USE ONLY .

Crocodilian Violations: Yes_____ No_____
Approved:_____Date_____
Denied:_____Date_____
Reason:_____
Revised 12/00

VALID FOR 12 MONTHS

Return to Index