

# WHOLESALE BAIT DEALER LICENSE APPLICATION



Oregon Department of Fish & Wildlife  
 4034 Fairview Industrial Drive SE  
 Salem, OR 97302-1142  
 Phone 503-947-6101 FAX 503-947-6117

<b>For ODFW Use Only</b>	
<b>Date/Initials</b>	
Approved _____	_____
Lic/Rpts _____	_____
Fish Tkts _____	_____

NOTE: This application is *NOT* a license and does not authorize the buying/selling of bait. Once this application is approved, you will be issued a Wholesale Bait Dealer License and will receive it via mail or email. You are *not* able to buy/sell bait until this application has been approved and you have your dealer's license in hand.

<input type="checkbox"/> First Time Application	<input type="checkbox"/> Application for renewal
<input type="checkbox"/> Reporting Dealer	<input type="checkbox"/> Non-Reporting Dealer (No bond is required for a non-reporting dealer)
Dealer Number _____	Social Sec. No./Tax ID _____ - _____ - _____

Business Name _____		
Oregon Business (Licensed) Location _____		
City, State, Zip Code _____		
Business Phone Number _____	Fax Phone Number _____	E-mail _____
Plant Manager _____	Bookkeeper _____	
Mailing Name: _____		
Mailing Address: _____		
City, State, Zip Code _____		
If your plant is not open year round, where may we contact you?		
Address, City, State, Zip _____		Phone Number _____
Date of Birth: _____	Driver's License: State _____ No. _____	

CIRCLE TYPE OF LICENSE APPLIED FOR: (all license fees include \$2 agent fee)		
Wholesale Bait Dealer	\$127	<u>Minimum First Year Bond</u> \$25

Note: A bond is not required for a non-reporting dealer. Refer to Oregon Administrative Rules or call the ODFW Salem Headquarters office with questions regarding requirements and criteria.

For information on obtaining fish tickets or registering for electronic tickets, contact Commercial Fisheries at (503) 947-6247.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Options:** Visa/MasterCard/Discover                      Check or Money Order (**Mail Order only**)

CARD #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      EXP DATE: \_\_\_\_\_ (MM/YY)      CVC# \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_