_____ Year

South Dakota Game Fish & Parks
Non-Resident Wholesale Bait Dealer Annual Report

_____ License Number

Please Print:

Applicant Name: _____ _____ _____ _____

Last **First** **MI** **Business Name**

Mailing Address: _____ _____ _____ _____ **Phone Number: (_____)_____-_____**

Street/PO Box **City** **State** **Zip**

Please complete all applicable categories, listing date, species, and gallons of baitfish, pounds of leeches and number of amphibians and crustaceans that were bought or sold by you. This form must be submitted along with your application for next year's license **(**or by January 31 of the next year if you do not plan to obtain a license). A new license will not be issued unless this completed form is returned to the following address: **Game, Fish, & Parks, 20641 SD HWY 1806, Ft. Pierre, SD 57532.** If you have more information than there is room available, please make a copy of this form.

A. Who purchased bait from you:

	Name of Buyer	Address of Buyer	Species	Amount	Unit (circle)
1)					Gal. or Lbs. or #
2)					Gal. or Lbs. or #
3)					Gal. or Lbs. or #
4)					Gal. or Lbs. or #
5)					Gal. or Lbs. or #
6)					Gal. or Lbs. or #
7)					Gal. or Lbs. or #
8)					Gal. or Lbs. or #

B. Who sold bait to you:

	Name of Seller	Address of Seller	Species	Amount	Unit (circle)
1)					Gal. or Lbs. or #
2)					Gal. or Lbs. or #
3)					Gal. or Lbs. or #
4)					Gal. or Lbs. or #
5)					Gal. or Lbs. or #
6)					Gal. or Lbs. or #
7)					Gal. or Lbs. or #
8)					Gal. or Lbs. or #

I declare the information in this report to be completed and correct. I understand that if it is nor complete or correct the Department of Game, Fish, and Parks has cause to prosecute and/or refuse to issue me a bait dealer license for the next licensing period.

X_____ _____ _____/_____/____

Bait Dealer's Signature **Print or Type Name** **Date**