



South Dakota Bait Dealer License Application



License Types: (Select all desired licenses)

Please see the regulations sheet for license descriptions.

| | | Cost |
|--|-------|-----------------|
| Resident Retail Bait Dealer License | \$30 | \$ _____ |
| Resident Wholesale Bait Dealer License | \$275 | \$ _____ |
| Non-Resident Retail Bait Dealer License | \$55 | \$ _____ |
| Non-Resident Wholesale Bait Dealer License | \$550 | \$ _____ |
| Export Bait Dealer License | \$400 | \$ _____ |
| Total Cost of Licenses | | \$ _____ |

Complete the Following (Please Print):

Applicant Name: _____
Last First MI

Date of Birth: ____/____/____ Last 4 Digits of Social Security Number _____

Business Name: _____

Mailing Address: _____
Street/PO Box City State Zip

Phone Number: (____) ____-____ Drivers License Number _____

Address of Business Where Bait is to be Sold:

Street/PO Box City State Zip

Physical Address of Required Bait Records: _____
Street Zip

Last year's license number: _____ Email Address: _____

Enter Information for Employees or Agents of the Business in the Table on the Reverse Side of This Form

If you had a license last year, **you must** complete the attached **Dealer Report form(s)**. Complete all blanks, entering none for categories in which you obtained or sold less than one gallon of baitfish. Submit the report form(s) 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)**. **Licenses expire on January 31st** of the calendar year directly following the year in which the license was issued. A new license will not be issued unless the completed report form(s) is returned with your application.

I acknowledge my receipt of a copy of the rules and regulations pertaining to the handling and shipping of baitfish by a licensee, that I have read and understand said rules and regulations, and I hereby declare that the equipment I will operate complies with all established requirements. I further acknowledge that if I am convicted, or my agents or employees are convicted, for any violation of the bait regulations set out in ARSD Chapter 41:09:04 or the provisions of SDCL 41-6-44 to 41-6-45.1, inclusive, including failure to report accurately and completely on baitfish quantities obtained and sold each year, my current bait dealer's license(s) may be revoked and the department may refuse to issue me a bait dealer's license(s) for the calendar year following the year of conviction.

Applicant Signature

____/____/____
Date

For Office Use Only:

Regional Conservation Officer Supervisor _____
Date

Area Fisheries Supervisor _____
Date

Fisheries Program Administrator _____
Date

License number: _____

Date Issued ____/____/____
ARSD 41:09:04

Issued By: _____

Revised Oct. 2015

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Submission: Fees may be submitted in the form of a personal check, money order, or cashier's check, and must be submitted with the application. Cash is not recommended. Application and fees must be submitted to: **Game, Fish and Parks, 20641 SD HWY 1806, Ft. Pierre, SD 57532**

Any persons who will trap, transport, possess or deliver bait as an employee or agent of the Applicant must be listed below. Retail sales clerks do not need to be listed. This information must be provided with the application and kept current at all times thereafter. Failure to comply with this requirement may result in denial or revocation of a bait dealer license. A bait dealer license may be denied if the persons registered as employees or agents have had their own bait license revoked or are ineligible to obtain their own bait dealers license. Requests for addition or deletion of employees or agents to this list must be made by the Applicant by calling the Fisheries Program Administrator (605-773-4501) prior to the employee trapping, transporting or delivering bait or no less than 2 weeks subsequent to the termination of employee or agent status.

Registered List of Bait Dealer Employees and Agents

| First Name | Last Name | City and State | Driver's License Number |
|------------|-----------|----------------|-------------------------|
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