

A FULL LEGAL DESCRIPTION MUST BE PROVIDED FOR EACH SECTION. CHECK FOR ACCURACY.

<u>LEGAL DESCRIPTION</u>	<u>NUMBER OF ACRES</u>	<u>NAME OF OWNER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COUNTY: _____ TOTAL ACRES _____

IF YOU ARE NOT THE LEGAL LANDOWNER, YOU MUST PROVIDE LAND OWNER INFO AND LEASE/ACCESS AGREEMENTS

Are all of the acres within the preserve boundaries owned by the applicant? YES ____ NO ____

Are any of the acres within the preserve boundaries leased? YES ____ NO ____

Land owner's Name _____ Lease or oral agreement period _____ to _____

Land owner's mailing address _____

Phone number _____

- ➔ If there is more than one land owner, please include the above information on an additional sheet of paper.
- ➔ If there is a written lease please provide a copy that includes: lease period, name and signatures of all parties, date lease was prepared, address of all parties, purpose of the lease (hunting rights)

Are you adding acres or changing any of the boundaries to your preserve? YES ____ NO ____

Are the preserve boundaries within 1 mile of a GFP, WPA or Other Publicly Owned Shooting Area? YES ____ NO ____

Refunds of permit fees: If an applicant makes a written request for permit cancellation to the department prior to June 1, a full refund will be issued. Such written requests received from June 1 to Aug 31, will receive a 100% refund of the acreage fee only, **the remaining permit fee will be retained.** **NO** fees will be refunded after Aug 31. No refund of previously remitted preserve acreage fees is allowed for adjustments which reduce the acreage in a three-season preserve permit.

Complete if Application is filled out by an Agent or Attorney for the Applicant:

NAME: _____ AS: AGENT ____ or ATTORNEY ____

ADDRESS OF AGENT OR ATTORNEY _____

PHONE NUMBER OF AGENT OR ATTORNEY _____

By execution of this Application, the Signatory attests to the truth and accuracy of all information contained herein, **has hunting rights on all lands subject to this application**, and is furnished for the explicit purpose of obtaining a Private Shooting Preserve Permit.

SIGNED BY: _____

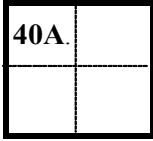
Applicant ____ Attorney ____ Agent ____

MAIL TO:
Department of Game, Fish & Parks: Shooting Preserves
20641 SD HWY 1806
FORT PIERRE, SD 57532
If you have any questions, please call:
(605) 223-7665 or email at janelle.blaha@state.sd.us

If this application is for a new private shooting preserve permit, you are also required to submit a plan of operation and outline the preserve boundaries on the enclosed plat map. Please include a FSA (SCS) type aerial photo showing perimeters of the proposed shooting preserve. For preserve renewals with acre or boundary changes, please outline the preserve on the enclosed plat map.

The following plat map represents an area of 16 sections. Each of the larger squares (thick border) represents one section of land (640 acres); the smallest squares represent 40 acres. Please outline the boundaries of your shooting preserve area and shade in that portion. Label the section(s), making sure that your sketch conforms to the legal description of the area you are applying for.

NAME OF APPLICANT



Each small box = 40 A.
These 4 boxes = 160 A.



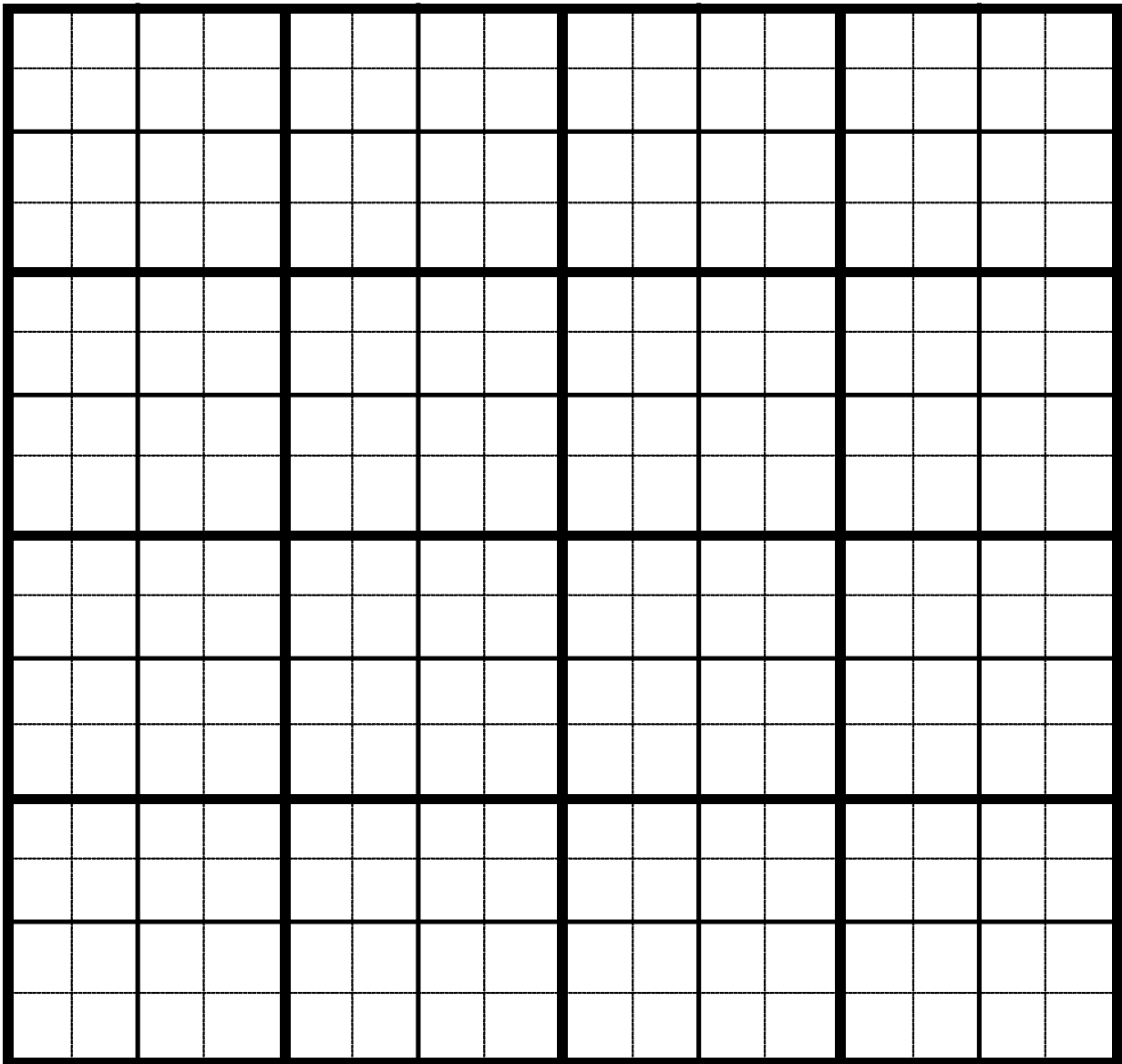
NORTH

**Township Directory
Section Location**

Circle Section(s) in Preserve

6	5	4	3	2	1
7	8	9	10	11	12
18	17	16	15	14	13
19	20	21	22	23	24
30	29	28	27	26	25
31	32	33	34	35	36

**W
E
S
T**



**E
A
S
T**

Scale in miles



SOUTH

PRIVATE SHOOTING PRESERVE PLAN OF OPERATION

Name of applicant: _____

1. Facilities available on site (lodging, dining, bird cleaning, etc.):

2. Services offered for the hunters:

3. Daily bag limits planned:

4. Number and species of birds to be released:

5. Age of birds at time of planned releases:

6. Date(s) of planned bird releases:

7. Management staff (i.e. Manager, etc.):

Please provide the name and contact information of the person that will be responsible for maintaining the PSP records.

Name-	Position-	Contact number-
Name-	Position-	Contact number-
Name-	Position-	Contact number-