



IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section
502 East 9th Street, Des Moines, IA 50319-0034
Phone: (515) 725-8200 www.iowadnr.gov

CASHIER'S USE ONLY
0233-542-0092-LF-0570
Name

APPLICATION FOR ANNUAL FUR DEALER LICENSE

If completing online, please use the "TAB" key to navigate your way through this form. DO NOT press Enter.

Applicant Information

Last Name: First Name:

Date of Birth: Social Security #\*: Phone #:

Mailing Address:

City: State: Zip:

Email Address:

\*The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining a hunting, fishing or other recreational license under section 252J.8 of the Code of Iowa and 42 US Code 666(a)(13). You social security number will serve as your principal identification number to determine your eligibility for licenses. It will be provided to law enforcement agencies and the Iowa Child Support Collection Unity to establish, modify, and enforce child support obligations and to collect liabilities owed to the state or a state agency. It WILL NOT appear on your license.

Business Information

Business Name: Website:

Business Mailing Address:

City: State: Zip: Phone #:

Table with 2 columns: Application For: (Check one), Fee

Annual Fur Dealer (Resident)\*\* \$266.00

Annual Fur Dealer (Non-Resident) \$588.50 Your state MUST have reciprocity with Iowa.

(Non-Resident) One day, One Location Permit \$294.50 See ELSI Vendor- NO Application Needed

\*\*I understand that providing false information on this application will render my application and therefore license invalid and that I may be subject to fines and imprisonment for making a false entry in a public record in violation of Iowa Code 714.8(4), and for hunting, fishing, or trapping without a valid license in violation of Iowa Code 483A.

Licensed Fur Dealers may purchase fur at any of the following locations:

- 1. At an established fur auction.
2. At the residence of a licensed fur harvester.
You may buy only from a licensed fur harvester and member(s) of his/her immediate family.
3. At the place of business specified on the license of any fur dealer.

Fur purchases from any place other than listed above, require additional location permits. Please use the reverse side of this for ordering the additional location permits.

By signing below, I acknowledge and understand the rules and regulations regarding having this permit and realize that a State Conservation Officer may inspect me at any reasonable time. The Iowa laws can be found in Iowa Code Chapter 481A and the residency laws in Iowa Code Chapter 483A and Iowa Administrative Code Chapter 15.

Signature of Applicant

Date

Please remit application and payment to the address at the top of this page.

This is an application and must be processed before the actual license can be issued.
Please allow 5-7 days for the processing of the completed application

## FUR DEALER LOCATION PERMITS

FEE: For EACH Resident location permit: No fee required  
For EACH Non-Resident Location Permit: \$66.00

Please provide the information below for each location:

1. Location Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Dates: \_\_\_\_\_ Times at Location: \_\_\_\_\_

2. Location Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Dates: \_\_\_\_\_ Times at Location: \_\_\_\_\_

3. Location Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Dates: \_\_\_\_\_ Times at Location: \_\_\_\_\_

4. Location Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Dates: \_\_\_\_\_ Times at Location: \_\_\_\_\_

5. Location Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Dates: \_\_\_\_\_ Times at Location: \_\_\_\_\_

6. Location Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Dates: \_\_\_\_\_ Times at Location: \_\_\_\_\_

7. Location Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Dates: \_\_\_\_\_ Times at Location: \_\_\_\_\_

8. Location Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Dates: \_\_\_\_\_ Times at Location: \_\_\_\_\_

9. Location Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Dates: \_\_\_\_\_ Times at Location: \_\_\_\_\_

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