

APPLICATIONS FOR APPOINTMENT AS AGENT TO SELL
HUNTING, FISHING & TRAPPING LICENSES, STAMPS, PERMITS, ETC.
DEPARTMENT OF GAME & INLAND FISHERIES
P. O. BOX 11104, 4010 WEST BROAD STREET
RICHMOND, VA 23230-1104
(804) 367-1000 (V/TDD)

Name of Business _____ Phone # (____) _____

Street Address City Zipcode

County or City (OFFICE USE) C/Dist. GW/Area

Location _____
(Please describe location so that it can be found on a map.)

Name of Owner of Business _____

Name of person to be appointed if not Owner _____

What is the primary line of the business? _____

Does the business sell sporting arms & ammunition? (YES/NO) Does the business sell sport fishing tackle? (YES/NO)

Are you open through the year? (YES/NO) Months closed _____

What are your hours of business: Monday thru Friday _____ am _____ pm
Saturday _____ am _____ pm
Do you remain open on Sunday (YES/NO) Hours: _____ am _____ pm

On which holidays are you closed? _____

Number of parking spaces for customers? _____

Please supply us with any other pertinent information. _____

Please understand that by signing this application, you are agreeing to a Credit Check.

(Signature) Name

Social Security Number

Home Address

Taxpayer ID Number

Date of Application

Date Business Opened

Date of Application

Date of Birth