



License # _____

Sturgeon Harvest Permit Application

The Little Traverse Bay Bands of Odawa Indians Sturgeon Harvest Permit Application

Application must be fill out completely.

Name: _____
Last First Middle

Address: _____
Street

City State Zip

County _____ Date of Birth _____

Phone Number _____ Cell _____

Alternate Number _____

Tribal Enrollment # _____ Hunt/Fish # _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Male Female

Email Address: _____

Please make note that it is your responsibility to keep the department informed of any changes regarding your contact information, failure to keep the department updated of any changes may result in the loss of your chance to harvest a sturgeon if selected.

I solemnly swear (or affirm) the information provided on the Sturgeon Harvest Application is true to the best of my knowledge, information and belief and that I have received a copy of the 2013 Little Traverse Bay Bands of Odawa Indians Inland consent Decree Rules and Regulations and I agree to abide by them.

Signature

Date

(For LTBB Office Use only)

Amount Received _____ Received by _____

Method of Payment _____ Date _____

Elder Minor