

## APPLICATION FOR USE OF STATE LANDS

Note: All application fees are non-refundable. Incomplete applications will be rejected and returned to applicant.

**APPLICANT DATA**: All documents must contain the full legal name of the applicant or the business entity on file with the Idaho Secretary of State. A Certificate of Good Standing must be provided for all business entities.

Last Name:	Pusiness or Entity Name:						
First Name:	Business or Entity Name:						
Middle Name:	Business or Entity Degistration No. (or proof of pending application).						
DBA:	Business or Entity Registration No: (or proof of pending application):						
	L CORRESPONDENCE) AND CONTACT INFORMATION						
·	Business:						
Street:							
PO Box:	Contact Name: Fax:						
City: State:	Contact Name:						
Zip +4:	Home:						
Country:	Contact Name:						
Attention:	Cell (Area Code/Phone #):						
Title:	Contact Name: Email Address(es):						
I hereby certify that I am the applicant or authorized representative of the applicant and that the information contained in this application is true and correct to the best of my knowledge and further acknowledge that falsification of any information contained herein, or provided herewith, will be grounds for rejection of the application.  Date							
Date	Applicant Signature						
	Printed Name						
State of)							
) ss. County of)	Complete Authorized Legal Entity Name (if applicable)						
, , , , , , , , , , , , , , , , , , ,	Title (if applicable)						
On this day of, in the year 20, personally appeared, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.							
Seal	Notary Public						
	My Commission Expires:						
<b>DESCRIBE PROPOSED USE HERE</b> (check here and attach additional pages if needed):							
PROVIDE LEGAL DESCRIPTION(S) ON ATT	ACHMENT A						
IF ADDITIONAL APPLICANTS, CHECK HERE AND COMPLETE ATTACHMENT B.							
,	AREA OFFICE USE ONLY						
INSTRUMENT # ACTIVITY	USE FEE \$						
LENGTH OF LEASE:							



## **ATTACHMENT A - PROPERTY DESCRIPTION for Cottage Sites**

Area LRS Initials:

IDAHO DEPART	MENT OF LANDS	ı		•								initiais:	
IDAHO DEPARTMENT OF LANDS		Enter as text with leading zero		Total number of Acres	(water front, non-water front, other)								
Instrument Number	Township		Section	LegalDescription	County	Endowment	Acres	Lot	Block		PhysicalAddress	CountyP arcelNu mber	PropertyValueFea tures
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## **Application for Use Attachment B – Multiple Applicants**

**COMPLETE FOR ADDITIONAL APPLICANTS**: Application must contain the full legal name of **all** applicants. If applicant is a business entity, information required for all business principals.

	Instrument No.
Individual or Family Trust Name:	Business or Entity Name:
Last	Business or Entity Registration No.
First	(or proof of pending application)
Middle	
DBA:	
ADDRESS OF RECORD (FOR ALL C	ORRESPONDENCE) AND CONTACT INFORMATION
Street:	Business:
PO Box:	Contact Name:
City:	Fax:
State:	Contact Name:
Zip +4:	Home:
Country:	Contact Name:
Attention:	Cell Area Code/Phone#:
Title:	Contact Name:
Titlo.	Email Address(es):
	Email Addiess(es).
Individual or Family Trust Name:	Business or Entity Name:
Last	Business or Entity Registration No.
First	(or proof of pending application)
Middle	(or processor personnelly
DBA:	
	ORRESPONDENCE) AND CONTACT INFORMATION
Street:	Business:
PO Box:	Contact Name:
City:	Fax:
State:	Contact Name:
Zip +4:	Home:
Country:	Contact Name:
Attention:	Cell Area Code/Phone#:
Title:	Contact Name:
Tiue.	Email Address(es):
	Liliali Addiess(es).
Individual or Family Trust Name:	Business or Entity Name:
Last	Business or Entity Registration No.
First	(or proof of pending application)
Middle	(e. p. ee. e. penamg approanch)
DBA:	
	ORRESPONDENCE) AND CONTACT INFORMATION
Street:	Business:
PO Box:	Contact Name:
City:	Fax:
State:	Contact Name:
Zip +4:	Home:
Country:	Contact Name:
Attention:	Cell Area Code/Phone#:
Title	Contact Name:

Email Address(es):

## Idaho Department of Lands Management Areas

