

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):
ADDRESS OF RECORD (FOR ALL 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:
DESCRIBE PROPOSED USE HERE (check here and attach additional pages if needed):	
PROVIDE LEGAL DESCRIPTION(S) ON ATTACHMENT A	
IF ADDITIONAL APPLICANTS, CHECK HERE AND COMPLETE ATTACHMENT B.	
AREA OFFICE USE ONLY	
INSTRUMENT # ACTIVITY	USE FEE \$
LENGTH OF LEASE:	