

## APPLICATION FOR USE OF STATE LANDS - Individual

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.					
Individual	Individual				
Last Name:	Last Name:				
First Name:	First Name:				
Middle Name:	Middle Name				
ADDRESS OF RECORD (FOR ALL CORRESPONDENCE) AND CONTACT INFORMATION					
Street:	Business Phone #:				
PO Box:	Contact Name:				
City:	Home Phone #:				
State:	Cell (Area Code/Phone #):				
Zip +4:	Email Address(es):				
Country:					
Attention:					
Title:					
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	
	Applicant Signature
	Printed Name
State of)	
) ss.	Applicant Signature
County of)	Printed Name
	for said state, personally appeared, subscribed to the within instrument, and acknowledged to me that he/she d affixed by official seal the day and year first above written.
Seal	Notary Public
	My Commission Expires:
PROPOSED USE: Mineral lease for the extraction	of
option located at: www.idl.idaho.gov/leasing/	plication Fee (on-line payments available via the "Make Payment" /minerals-leasing/) d minimum annual royalty, and the auction premium bid will be
AREA OI INSTRUMENT # ACTIVITY LENGTH OF LEASE YEARS	FFICE USE ONLY USE FEE \$



## **ATTACHMENT A - PROPERTY DESCRIPTION for Mineral Leasing**

Instrument Number	Township	Range	Section	LegalDescription	County	Acres