

Business Entity or Legal Entity Name:

APPLICATION FOR USE OF STATE LANDS Legal Entity

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

Authorized Agent of Legal Entity

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:

Type of Legal Entity:	First Name:				
	Middle Name:				
Business or Entity Registration No: (or proof of pending application):					
ADDRESS OF RECORD (FOR A	ALL CORRESPONDENCE) AND CONTACT INFORMATION				
Street:	Business Phone #:				
PO Box:	Contact Name:				
City:	Fax #:				
State:	Home Phone #:				
Zip +4:	Cell (Area Code/Phone #):				
Country:	Email Address(es):				
Attention:	Linaii Address(es).				
Title:					
contained in this application is true and correct of any information contained herein, or provi	authorized representative of the applicant and that the information of the best of my knowledge and further acknowledge that falsification ided herewith, will be grounds for rejection of the application. State of Origin:				
Dated:					
By:	[print name] [authority/capacity]				
State of) County of)					
This record was acknowledged before me on	[date and year], by				
capacity as	[name(s) of signor(s)] with authority to sign in the for and on behalf of the following legal entity:, on whose behalf the record was executed.				
(Stamp)	Notary Public for Said State My commission expires:				
PROPOSED USE: Mineral lease for the ex	ctraction of				
option located at: www.idl.idaho.go	ny required minimum annual royalty, and auction premium bid will be due to				
	AREA OFFICE USE ONLY				
NSTRUMENT # ACTIVITY LENGTH OF LEASEYEARS	USE FEE \$				



ATTACHMENT A - PROPERTY DESCRIPTION for Mineral Leasing

Instrument Number	Township	Range	Section	LegalDescription	County	Acres