



Attachment A: Multiple Applicants Application for Use Submerged Land Lease

For Area Office Use Only
Instrument No.: _____

Instructions: This form is used when multiple persons are seeking to lease state owned submerged and formerly submerged lands pursuant to IDAPA 20.03.17. This form must be completed for each additional applicant and submitted with the Application for Use.

Section 1: Applicant Information

Full legal name of applicant: _____

Legal status:
 Individual Trust or non-profit (attach Affidavit of Existence)
 State government Business (attach Secretary of State Certificate of Existence)
 City, County, or Federal government Other: _____

Name of primary contact: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact phone number: _____ Phone number type: Work Home Cell

Email address: _____

Do you currently hold a lease with the Idaho Department of Lands? No Yes
If yes, provide lease number(s): _____

Are you required to obtain workers compensation insurance? No Yes

Section 6: Affidavit

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 or misrepresentation of any information contained hereinor provided herewith will be grounds for denial of the application.

Applicant Signature

Applicant Name

Date

Applicant Title (if applicable)

State of _____)
) ss.
County of _____)

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: _____