



# LAKE MICHIGAN SPORTFISHING CHARTER OPERATOR PERMIT APPLICATION

<b>For Office Use Only</b>	
Permit Number:	_____
Check Number:	_____
Date Issued:	_____

### OPERATOR INFORMATION

	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
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NAME ILLINOIS RESIDENT NON-RESIDENT FEE (see instructions) YEAR

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ADDRESS CITY STATE ZIP CODE

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PHONE NUMBER BUSINESS PHONE EMAIL (optional)

		USA
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USCG REFERENCE NUMBER VALID THROUGH USCG DOCUMENT NUMBER

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MAILING ADDRESS (if different from above) CITY STATE ZIP CODE

### VESSEL INFORMATION

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BOAT NAME OWNER NAME BUSINESS NAME

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USCG DOCUMENTATION NUMBER PASSENGER BOAT LICENSE NUMBER DATE ISSUED

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PRIMARY PORT MANUFACTURER LENGTH (ft) STATE REGISTRATION NUMBER

### VESSEL INFORMATION (COMPLETE IF YOU WILL BE OPERATING ON MORE THAN ONE VESSEL)

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BOAT NAME OWNER NAME BUSINESS NAME

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USCG DOCUMENTATION NUMBER PASSENGER BOAT LICENSE NUMBER DATE ISSUED

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PRIMARY PORT MANUFACTURER LENGTH (ft) STATE REGISTRATION NUMBER

**NOTE: If you will engage in charter boat operations on more than two vessels, please contact the Lake Michigan office at (847)294-4134**

**I will be operating charters for:** salmon and trout  yellow perch

**I certify that the above information is true and accurate to my knowledge. I acknowledge that reports must be submitted for ALL MONTHS between March and November, whether I engaged in charter fishing operations or not, in accordance with state law.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# LAKE MICHIGAN CHARTER BOAT OPERATOR PERMIT APPLICATION INSTRUCTIONS

The Department of Natural Resources is requesting this information to accomplish the statutory purpose as outlined within Chapter 515 of the Fish and Aquatic Life Code. Providing this information is voluntary; however, failure to comply will result in non-issuance of a Charter Boat Operator's Permit.

## OPERATOR INFORMATION

NAME: YOUR LEGAL NAME.

ILLINOIS RESIDENT: ARE YOU CURRENTLY AN ILLINOIS RESIDENT AND WAS ILLINOIS YOUR PRIMARY RESIDENCE FOR THE LAST 90 DAYS?

NON-RESIDENT FEE: MAKE CHECKS PAYABLE TO: **ILLINOIS DEPARTMENT OF NATURAL RESOURCES**

INDIANA \$ 100

MICHIGAN \$ 100

WISCONSIN \$ 400

OTHER STATES CALL (847) 294-4134

\* FEES SUBJECT TO CHANGE DEPENDING ON RESIDENT'S OWN STATE ISSUING FEE FOR NON-RESIDENTS

YEAR: YEAR FOR WHICH YOU ARE APPLYING FOR A CHARTER BOAT OPERATOR'S PERMIT. ISSUED PERMITS ARE VALID FROM JANUARY 1 UNTIL DECEMBER 31 OF THE ISSUING YEAR.

ADDRESS: YOUR PRIMARY RESIDENCE.

PHONE NUMBER: HOME PHONE NUMBER.

BUSINESS PHONE: BUSINESS PHONE IF NECESSARY TO CONTACT YOU.

USCG LICENSE: CURRENT UNITED STATES COAST GUARD REFERENCE NUMBER AND DOCUMENT NUMBER.

VALID THROUGH: DATE OF EXPIRATION OF CURRENT USCG LICENSE.

MAILING ADDRESS: ADDRESS AT WHICH YOU RECEIVE MAIL IF DIFFERENT FROM PERMANENT ADDRESS. PERMITS WILL BE SENT TO THE PERMANENT ADDRESS IF MAILING ADDRESS INFORMATION IS LEFT BLANK.

## VESSEL INFORMATION

BOAT NAME: NAME OF VESSEL VISIBLE ON HULL. IF NONE, LEAVE BLANK.

OWNER NAME: LEGAL NAME OF THE VESSEL OWNER.

BUSINESS NAME: NAME OF THE BUSINESS ASSOCIATED WITH THE VESSEL.

USCG DOCUMENTATION NUMBER: VESSEL NUMBER ISSUED BY UNITED STATES COAST GUARD.

PASSENGER BOAT LICENSE NUMBER: CURRENT PASSENGER BOAT LICENSE NUMBER ISSUED BY ILLINOIS DEPARTMENT OF NATURAL RESOURCES. THE PASSENGER BOAT LICENSE MUST BE VALID FOR THE ENTIRETY OF THE CHARTER BOAT SEASON.

DATE ISSUED: DATE OF ISSUANCE OF CURRENT PASSENGER BOAT LICENSE.

PRIMARY PORT: THE PRIMARY PORT OR HARBOR FROM WHICH YOU WILL ENGAGE IN CHARTER BOAT OPERATIONS.

MANUFACTURER: MANUFACTURER OF THE VESSEL.

LENGTH: LENGTH OF THE VESSEL IN FEET.

STATE REGISTRATION NUMBER: REGISTRATION NUMBER OF VESSEL ISSUED BY STATE.

**Mail completed form to:**  
**Illinois Department of Natural Resources**  
**Lake Michigan Program**  
**9511 W. Harrison Street**  
**Des Plaines, IL 60016**

**For additional information:** (847) 294-4134

The Illinois Department of Natural Resources receives federal financial assistance and therefore must comply with federal anti-discrimination laws. In compliance with the Illinois Human Rights Act, the Illinois Constitution, Title VI of the 1964 Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 as amended, and the U.S. Constitution, the Illinois Department of Natural Resources does not discriminate on the basis of race, color, sex, national origin, age, disability or religion. If you believe that you have been discriminated against in any program, activity, or facility, please contact the Equal Employment Opportunity Officer, Department of Natural Resources, One Natural Resource Way, Springfield, IL 62701, (217) 785-0067 or the Office of Human Resources, U.S. Fish and Wildlife Service, Washington D.C. 20240.

Department of Natural Resources information is available to the hearing impaired by calling the DNR's Telecommunications Device for the Deaf: (217) 782-9175.