

# WHOLESALE FISH DEALER LICENSE APPLICATION



Oregon Department of Fish & Wildlife  
 4034 Fairview Industrial Drive SE  
 Salem, OR 97302-1142  
 Phone 503-947-6101 FAX 503-947-6117

For ODFW Use Only Date/Initials	
Approved _____	
Lic/Rpts _____	
Fish Tkts _____	

NOTE: This application is *NOT* a license and does not authorize the buying/selling of fish. Once this application is approved, you will be issued a Wholesale Fish Dealer License and will receive it via mail or email. You are *not* able to buy/sell fish until this application has been approved and you have your dealer's license in hand.

<input type="checkbox"/> First Time Application	<input type="checkbox"/> Application for renewal	
<input type="checkbox"/> Reporting Dealer	<input type="checkbox"/> Non-Reporting Dealer (No bond is required for a non-reporting dealer)	
Dealer Number _____	Social Sec. No./Tax ID _____-_____-_____	

Business Name _____
Oregon Business (Licensed) Location _____
City, State, Zip Code _____
Business Phone Number _____ Fax Phone Number _____ E-mail _____
Plant Manager _____ Bookkeeper _____
Mailing Name: _____
Mailing Address: _____
City, State, Zip Code _____
If your plant is not open year round, where may we contact you?
Address, City, State, Zip _____ Phone Number _____
Date of Birth: _____ Driver's License: State ___ No. _____
Port of Use: _____

LICENSE FEE: (all license fees include \$2 agent fee)		
Wholesale Fish Dealer	\$562	<u>Minimum First Year Bond</u> \$1,000

Note: A bond is not required for a non-reporting dealer. Refer to Oregon Administrative Rules or call the ODFW Salem Headquarters office with questions regarding requirements and criteria.

A Fish Buyer License is required to purchase or receive fish or shellfish from commercial harvesters at locations other than the licensed premises of any licensed Wholesale Fish Dealer or Buying Station.

For information on obtaining fish tickets or registering for electronic tickets, contact Commercial Fisheries at (503) 947-6247.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Options:** Visa/MasterCard/Discover                      Check or Money Order (**Mail Order only**)

CARD #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ (MM/YY) CVC# \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_