

U.S. Department of Commerce, NOAA  
 NMFS PERMITS OFFICE, F/SER14  
 263 13th Avenue South  
 St. Petersburg, FL 33701  
 Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)  
 727-824-5326 (8:00 a.m. - 4:30 p.m. ET)  
 sero.nmfs.noaa.gov/permits



OMB Control No. 0648-0205; Expiration date: 05/31/2020

## FEDERAL PERMIT APPLICATION FOR AN ANNUAL DEALER PERMIT

<p>FOR OFFICE USE ONLY</p> <p>Application ID</p>
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FOR OFFICE USE ONLY			
Reviewer's Initials and Date			
Check or Money Order Number and Amount			
SERO Dealer Number			
Non Compliance Hold Date			
Non Compliance Cleared Date			
Expiration Date			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">SCAN DATE AND INITIALS</td> <td></td> </tr> </table>		SCAN DATE AND INITIALS	
SCAN DATE AND INITIALS			

Include a copy of the State Wholesale/Dealer license for each state where product will be first received from the commercial fisherman/vessel. The name shown on your State Wholesale License(s) and your Federal Dealer permit must match in ownership. Please provide the name below as it appears on the State Wholesale License. The date formed refers to the date in which the corporation or business was formed (the date the business was filed for with the Secretary of State in the state where the business was formed). The FEIN is the number that was provided to you by the IRS (if applicable).

### SECTION 1 - DEALER INFORMATION (PERMIT HOLDER)

Provide the name below as it appears on the state wholesale or dealer license.

**1a. Dealer's Name** as it appears on the State Wholesale License  **Do you use a DBA name?**  Yes  No

**If yes, What is the DBA name?**  **Area Code**  **Phone Number**  **E-Mail Address (REQUIRED)**

**➔ If the dealer is a Business:**

Dealer is (check one):  S Corporation  Cooperative  Other \_\_\_\_\_  C Corporation  Limited Liability Co.  Partnership

**Was this Business properly established by the laws of the United States or any state of the United States?**  YES  NO

**Tax ID Number (FEIN)**  **Date Business Formed (MM/DD/YYYY)**

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**➔ If the dealer is an Individual:** **Is this individual a United States Citizen or permanent resident alien?**  YES  NO

**What this individual's Sex?**  Male  Female **Is this Individual of Hispanic, Latino, or Spanish origin?**  Yes  No

**What is this individual's race?**  White  Black or African American  American Indian or Alaska Native  Asian American  Native Hawaiian or Other Pacific Islander  Other \_\_\_\_\_

**Last Name**  **First Name**  **Middle Name**  **Suffix - Jr, Sr, etc.**

**Tax ID Number (SSN)**  **Date of Birth (MM/DD/YYYY)**

**1.b. REQUIRED—Address Information for either Business Or Individual Dealer:**




**Mailing Address**  **Apt #**  **City**  **State**  **County/Parish**  **Zip Code**  **Country**

Check box if the Physical Address is the same as the mailing address.

**Physical Address (PO Box not acceptable)**  **Apt #**  **City**  **State**  **County/Parish**  **Zip Code**  **Country**

## SECTION 2 - PERMITS

Indicate which permit(s) you are applying for by checking the box adjacent to the corresponding fishery. Also indicate if this is a new or renewal of a permit.

		NEW	RENEW	
	Gulf of Mexico and South Atlantic Dealer (GSAD)	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEE SCHEDULE</b> 1 Permit = \$50.00 2 Permits = \$62.50 3 permits = \$75.00
	Domestic Atlantic Swordfish (SD) (Includes the Gulf of Mexico and the U.S. Caribbean)	<input type="checkbox"/>	<input type="checkbox"/>	
	Atlantic Shark (SK) (Includes the Gulf of Mexico and U.S. Caribbean)	<input type="checkbox"/>	<input type="checkbox"/>	

Applicants for an Atlantic Shark Dealer permit must provide a copy of the unexpired Shark Identification Workshop Certificate for each facility listed below OR have a copy of the unexpired certificate on file with the permits office at the time of

## SECTION 3 - RECEIVING FACILITIES

List the names and physical addresses for facilities where product is received (fish is off loaded from the fishing vessels). Please copy this page as needed to provide information on all facilities where fish are received. If you receive product in different states, you must provide a copy of your valid State Wholesale License for each state.

Check here if a location where you receive product from fishermen is the same as the physical address from section 1 or for sole proprietor's in section 2. If checked, you do not need to re-list that location here.

**1. Facility Name** **Area Code** **Phone Number**

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**Physical Address (PO Box not acceptable)** **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

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**2. Facility Name** **Area Code** **Phone Number**

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**Physical Address (PO Box not acceptable)** **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

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**3. Facility Name** **Area Code** **Phone Number**

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**Physical Address (PO Box not acceptable)** **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

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**4. Facility Name** **Area Code** **Phone Number**

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**Physical Address (PO Box not acceptable)** **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

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**5. Facility Name** **Area Code** **Phone Number**

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**Physical Address (PO Box not acceptable)** **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

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**6. Facility Name** **Area Code** **Phone Number**

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**Physical Address (PO Box not acceptable)** **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

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**SECTION 4 - BUSINESSES THAT OWN THE DEALER**

Complete this section for each business that owns 1% or more of the dealer shown in section 1. Copy this section as needed.

**Section 4a: Business owner:**

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:  S Corporation  Cooperative  Other \_\_\_\_\_  
 C Corporation  Limited Liability Co.  Partnership

Was this Business properly established by the laws of the United States or any state of the United States?  YES  NO

Registered Name of Business

Tax ID Number (FEIN)  Date Business Formed (MM/DD/YYYY)  Area Code  Phone Number

Mailing Address  Apt #  City  State  County/Parish  Zip Code  Country

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)  Apt #  City  State  County/Parish  Zip Code  Country

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email  Cell Phone number and provider:

**Section 4b: Additional Business owner:**

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:  S Corporation  Cooperative  Other \_\_\_\_\_  
 C Corporation  Limited Liability Co.  Partnership

Was this Business properly established by the laws of the United States or any state of the United States?  YES  NO

Registered Name of Business

Tax ID Number (FEIN)  Date Business Formed (MM/DD/YYYY)  Area Code  Phone Number

Mailing Address  Apt #  City  State  County/Parish  Zip Code  Country

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)  Apt #  City  State  County/Parish  Zip Code  Country

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email  Cell Phone number and provider:

**SECTION 5 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS (Cont.)**

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in section 1 (the dealer) and/or section 4 (businesses that own the dealer). Copy this section as needed to provide information about ALL officers and shareholders.

**Section 5a: Individual Officer/Owner:**

**Business for which this individual is an officer/owner of:**

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  Treasurer  Director/ Manager  Shareholder  Other

**Percent of Business Owned:**  **Is this individual a United States citizen or permanent resident**  YES  NO

<b>What this individual's Sex?</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Is this Individual of Hispanic, Latino, or Spanish origin?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What is this individual's race?</b>	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
			<input type="checkbox"/> Other _____		

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**OPTIONAL:** Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

**Email**  **Cell Phone number and provider:**

**Section 5b: Minor Shareholders:** Complete this section by providing information on all individual officers and owners that own less than 1% of any business listed in section 1 (the dealer) and/or section 4 (businesses that own the dealer).

**MINOR OWNERS** - Check here if one or more owners (individual OR business) holds shares that are less than 1% of the total business shares.

**TOTAL PERCENTAGE** of the business shares held by minor owners.

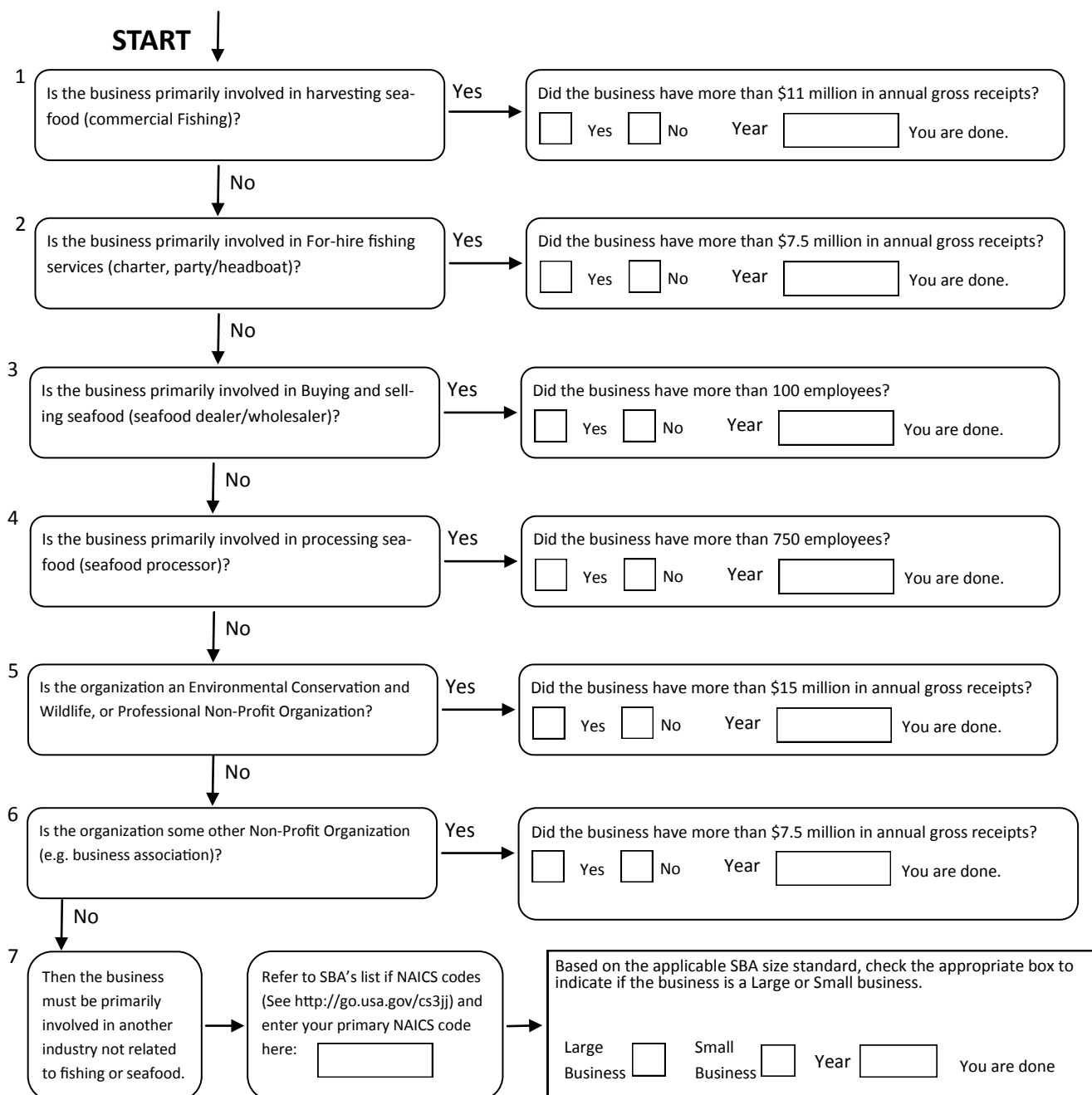
**SECTION 6 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION**

Complete this section for business(es)/organization(s)/sole proprietorship(s) that is listed as the dealer in section 1, block 1a.

When proposing regulations, the National Marine Fisheries Service (NMFS) is required to analyze the economic effects of such regulations on small entities (e.g., businesses and non-profit organizations). As part of the required analyses, NMFS must determine if permit applicants are large or small entities according to standards established by the Small Business Administration (SBA) and NMFS. Only one standard applies to each business or non-profit organization. The standard is based on your primary North American Industry Classification System (NAICS) code, which indicates the industry your business or non-profit organization is primarily engaged in. The SBA has also established “principles of affiliation” to determine whether a business concern is “independently owned and operated.” In general, businesses are affiliates of each other when one business controls or has the power to control the other business or a third party controls or has the power to control both.

For this assessment, please estimate your annual gross receipts (sales) OR number of employees (see chart below to determine which estimate you need). Estimates of annual gross receipts must be for all businesses with which you are affiliated. Estimates of the number of employees must include all full, part-time, and temporary employees of all businesses with which you are affiliated. For example, if two businesses jointly own or lease a vessel, it is highly likely they are affiliated. **If you have any questions about affiliation, please contact Mike Travis, SERO Economist, at [mike.travis@noaa.gov](mailto:mike.travis@noaa.gov) or call 727-209-5982.**

Please base your responses on the most recent calendar year for which you have complete data regarding your business’ or organization’s operations, and specify that calendar year in the appropriate box below.



**SECTION 7 - SIGNATURE FOR APPLICATION - REQUIRED**

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

Please note: The applicant who signs below must be the dealer identified in Section 1 unless the dealer is a partnership, corporation, or other business entity, in which the applicant must be an individual named as an officer or shareholder of the business as listed in Section 4.

**Applicant Signature**

**Date**

**Printed Name**

**Position In Company (if applicable)**

**Payment Reminder:**

*All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the U.S. Treasury. The fee required is \$50.00 for the first permit and \$12.50 for each additional permit requested with this application.*