

(Office Use) Permit #: \_\_\_\_\_



**St. Johns County  
Habitat Conservation Section  
904-209-0619  
Commercial Fishing Permit  
Application**

Date of HCP Training: \_\_\_\_\_

- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Saltwater Product License#: \_\_\_\_\_

Tag #	Annual Pass#	Year	Make	Model	Color

- Which months do you plan to conduct commercial fishing activities?  
\_\_\_\_\_
- Please describe fishing gear used (i.e. net, pole, etc.)  
\_\_\_\_\_
- What species of fish do you intend on catching?  
\_\_\_\_\_

I understand that, at all times, I shall take such precautions as may be necessary to avoid accident or collision with or injury to any persons, coastal wildlife and vegetation, or property.

In addition, I understand that soft sand and extreme tidal conditions may limit vehicle access. As the permit holder it shall be my responsibility to promptly remove my vehicle should it succumb to the sand and/or tides.

Finally, I understand that any violation to the aforementioned activities including any violation to the St. Johns County Beach Code may lead to a citation and revocation of my permit.

By signing below, I have read and understand the above-mentioned conditions of this permit.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Authorized

Print, sign, and send application to:  
3171 Coastal Hwy  
St. Augustine, FL 32084 or fax: 904-209-0620