



2026/27

Outfitter Permit Application



Check all that apply: New _____ Renewal _____ Class A Permit Deer/Turkey _____ Class B Permit Waterfowl _____

Name of Applicant (if individual) or Contact Person: _____

Physical Address (No P.O. Box): _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: _____ Phone Number: _____

*Business Name: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

FEIN Number (if applicable): _____ Phone Number: _____

Web Site: _____

Applicant is: Individual Partnership
 Corporation Limited Liability Company
 Other (Specify): _____

*If applicant is a business entity, attach a copy of the organization papers filed with the Illinois Secretary of State and/or the certificate of compliance with the Assumed Business Name Act from the County Clerk.

I hereby certify that the above named applicant is a (check one) _____ Resident _____ Non-Resident of Illinois.
(Note: An Illinois resident individual is a person who has resided in Illinois for at least 30 consecutive days prior to submitting any application. In order to qualify as a resident corporation or limited liability company, the business must have been in existence at least 30 days prior to submitting application for an Outfitter Permit, and more than 50% of the stock or ownership is owned by Illinois resident individuals.)

LIST ALL GUIDES TO BE EMPLOYED (INCLUDING SELF)

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Date of Birth: _____ Date of Birth: _____ Date of Birth: _____

SSN: _____ SSN: _____ SSN: _____

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Date of Birth: _____ Date of Birth: _____ Date of Birth: _____

SSN: _____ SSN: _____ SSN: _____

Have all guides successfully completed an approved hunter safety course?(check one) Yes ___ No ___ If No, certification must be obtained before providing guide services.

ADDITIONAL NAMES MAY BE LISTED ON A SEPARATE SHEET OF PAPER.

application continued on reverse

Applicant must also attach the following:

- ___ 1. A listing of the county, township, range, section, acres and landowner name of the property where the outfitting services will be provided.
- ___ 2. For Class A outfitters - completed proposed management plan, consisting of a description of hunting activities for the hunting season, including the approximate number of hunters, whether deer or turkey hunting and the type of weapons to be used. For Class B outfitter a description of the primary hunting activities proposed i.e.:duck or geese.
- ___ 3. Proof of current commercial liability insurance for property damage, personal injury and death with a minimum benefit of \$1,000,000..
- ___ 4. **For Class A renewals only.** Completed report of harvest form.
- ___ 5. Class A Outfitters - Check or money order in the amount of \$500 for a resident applicant, \$2,500 for a non-resident applicant.
- ___ 6. Class B Outfitters - Check or money order in the amount of \$250 for a resident applicant, \$1,500 for a non-resident applicant.

Certification:

IDNR requires license applicants to certify as follows: "I hereby certify, under penalty of perjury," that: (check all that apply)

- I am not subject to a child support order.
- I am not more than 30 days delinquent in complying with a child support order.
- I am more than 30 days delinquent in complying with a child support order.
- Prior to making application I have not been found guilty, by a court of law, of outfitting without a license.

Applicant's Social Security Number: _____ -- _____ -- _____

Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65 for use under the State's child support enforcement program.

Failure to certify may result in denial of the application/renewal and making a false statement may subject the licensee to contempt of court [5 ILCS 100/10-65(c)].

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return completed application to:
Illinois Department of Natural Resources
One Natural Resources Way
Springfield, IL 62702-1271
Attn: Outfitters

Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by the U.S. Fish and Wildlife Service and other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/or the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL, 62702-1271; 217/785-0067; TTY 217/782-9175.

This information may be provided in an alternative format if required. Contact the IDNR Clearinghouse at 217/782-7498 for assistance.