



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Aquaculture

**APPLICATION FOR SUBLEASE
OF A SOVEREIGNTY SUBMERGED LAND
AQUACULTURE LEASE**

Section 253.69, Florida Statutes – Rule 18-21.021, F.A.C.

Please type or print legibly. If information requested is not applicable, so indicate by placing N/A in corresponding blank.

Lease Number: _____ Parcel Number(s): _____

High Density Leasing Area: _____

Term of Sublease: _____

Applicant/Sublessee Information:

Name: _____

Company Name: _____

Aquaculture Certificate Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

I certify that I am 18 years old or older (please initial): _____

NOTICE: The Lessee must act responsibly and ensure that all activities performed on said lease are in conformity with all lease terms and conditions.

The applicant understands that the sublease is conditioned upon the approval of the Board of Trustees of the Internal Improvement Trust Fund.

PLEASE COMPLETE THIS FORM AND RETURN IT ALONG WITH THE SIGNED SUBLEASE AGREEMENT DOCUMENTS TO THE FOLLOWING ADDRESS:

Department of Agriculture and Consumer Services
Division of Aquaculture
600 S. Calhoun Street
Suite 217
Tallahassee, Florida 32399

Signature of Lessee: _____ Date: _____

Signature of Sublessee: _____ Date: _____