



2024 Great Lakes Application

License # _____

**THE LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
NATURAL RESOURCE COMMISSION
2024 COMMERCIAL AND SUBSISTENCE FISHING LICENSE APPLICATION**

CAPTAIN _____ HELPER _____ SUBSISTENCE _____

Name: _____
Last First Middle

Address: _____
Street

City State Zip

COUNTY: _____ Tribal Enrollment # _____

DATE OF BIRTH: _____ PHONE NUMBER _____

ALTERNATE NUMBER: _____ CELL: _____

Email: _____

Male _____ Female _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

***I certify that the above information is true and that I have received a copy of the
Chippewa Ottawa Resource Authority Commercial, Subsistence and Recreational
Fishing Regulations for the 1836 Treaty Ceded Waters of Lake Superior, Huron and
Michigan and agree to abide by them.***

Signature _____

Date _____

(For LTBB Office Use only)

Amount Received _____

Received by _____

Method of Payment _____

Date _____

Assigned Card Number _____

Receipt # _____