



ADAM H. PUTNAM  
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  
1203 Governor's Square Boulevard  
Mail Station GS 47  
Tallahassee, Florida 32301

Signature of Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Sublessee: \_\_\_\_\_ Date: \_\_\_\_\_