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| |  |  |  | | --- | --- | --- | | (West of the Cascade Crest)  WESTERN REGION  Department of State Lands  775 Summer Street NE, Suite 100  Salem, OR 97301-1279  503-986-5200  FAX: 503-378-4844 | **Waterway**  **Lease Assignment Application** [**www.oregon.gov/dsl**](http://www.oregon.gov/dsl)Mail the completed form with the **$750.00** Non-Refundable Application fee, made payable to Department of State Lands.We accept visa and master card, please call (503) 986-5200. | **DATE RECEIVED:**  (East of the Cascade Crest)  EASTERN REGION  Department of State Lands  951 SW Simpson Ave, Suite 104  Bend, OR 97702  541-388-6112  FAX: 541-388-6480 | |

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| **1 - ASSIGNEE/APPLICANT INFORMATION** | |
| Department of State Lands Lease No. | |
| Assignee’s Name and Address: | Business Phone:  Home Phone:  Fax:  Email Address: |
| Co-Assignee’s Name and Address: | Business Phone:  Home Phone:  Fax:  Email Address: |
| Authorized Agent Name and Address: | Business Phone:  Home Phone:  Fax:  Email Address: |

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| **2 - BUSINESS INFORMATION** |
| **LIMITED LIABILITY COMPANY:** Complete the following |
| Do you have authority from the Oregon Secretary of State to do business in the State of Oregon? Yes No  Is the LLC presently in good standing with the Oregon Secretary of State? Yes No  In what state is the LLC primarily domiciled?  Are the LLC name and the Oregon business address the same as stated in this application? Yes No  If no, state the legal Name:   |  |  |  |  | | --- | --- | --- | --- | | Address: | City: | STATE: | ZIP: |   **Additionally, a LIMITED LIABILITY COMPANY must submit the following with the application:**  A certified copy of the company’s Articles of Organization  A copy of the company’s operating agreement |
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| **CORPORATION**: Complete the following: | | | | | | |
| Do you have authority from the Oregon Secretary of State to do business in the State of Oregon? Yes No  Is the corporation presently in good standing with the Oregon Secretary of State? Yes No  In what state are you incorporated?  Are the legal corporation name and Oregon business address the same as stated in this application? Yes No  If no, state the legal Corporate Name:   |  |  |  |  | | --- | --- | --- | --- | | Address: | City: | STATE: | ZIP: | | | | | | | |
| ***Please submit your Articles of Incorporation with Application*** | | | | | | |
| **PARTNERSHIP OR JOINT VENTURE**: Complete the following | | | | | | |
| NAME | BUSINESS ADDRESS | | | PERCENT SHARE | | DIVISION |
|  |  | | |  | |  |
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| **TRUST:**  Complete the following for each beneficiary of the Trust: | | | | | | |
| NAME | | | BUSINESS ADDRESS | | | |
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| **OR** identify the Trust document by title, document number, and county where document is recorded: | | | | | | |
| TITLE | | DOCUMENT NUMBER | | | COUNTY | |
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| **A resolution that the individual designated to sign is authorized to act on behalf of the company in this matter.** | | | | | | |

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| **3 – ASSIGNEE/APPLICANT SIGNATURE** |
| Application is hereby made for the assignment of the lease identified above. I certify that I am familiar with the information contained in the application, and, to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority to undertake the authorized use stated in the lease. I understand that the granting of other permits by local, county, state or federal agencies does not release me from the requirement of obtaining assignment of the lease before commencing use of the state land. I understand that payment of the required state non-refundable application fee does not guarantee the state will consent to assignment of the lease. |
| Applicant Signature Title Date  I appoint the person named below to act as my duly authorized agent.      Print /Type Name Title |
| Authorized Agent Signature Date |

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