DEPARTMENT OF NATURAL RESOURCES & CONSERVATION
APPLICATION FOR SUBLEASE OF STATE LANDS
Fee $25.00

Agreement #: _____ County: _____

Lessee/Licensee: _____

Address/PO Box #: _____

City/State/Zip: _____

Phone #:_____

Sublessee Name: _____

Address/PO Box #:_____

City/State/Zip:_____

Phone #: _____ Brand: _____

LEGAL DESCRIPTION	SECTION	TWNSHP	RANGE	ACRES

PURPOSE: (Special Agreements, if any)

A sublease year runs from March 1 through February 28 of the following year. A sublease for any portion of that year constitutes one year of subleasing.

The sublease term on the above-described lands shall begin on the _____ day of _____, _____ and shall terminate not later than the _____ day of _____, _____. The lessee or licensee agrees and is responsible for all annual payments made to the Department as a result of this sublease agreement. If the lessee or licensee subleases state lands on terms less advantages to the sublessee than terms given by the state, the Director shall cancel the lease of license subject to the appeal procedures provided in Section 77-6-211, MCA.

The lessee or licensee is responsible for the sublessee as provided by ARM 36.25.119(5). Subleasing may cause the loss of the preference right or loss of the lease. Please consult ARM 36.25.117, 36.25.119 and Section 77-6-208, MCA for details.

_____
Signature of Lessee/Licensee(s)

Subscribed and sworn to before me this _____ day of

_____, _____ .

_____
Notary Public for the State of Montana

Residing at _____

My commission expires _____

_____
Signature of Sublessee(s)

Subscribed and sworn to before me this _____ day of

_____, _____ .

_____
Notary Public for the State of Montana

Residing at _____

My commission expires _____

APPROVAL OF SUBLEASE
(Department Use Only)

Approved this _____ day of _____ , _____

Director of Department of Natural Resources & Conservation _____

By:_____
Agriculture and Grazing Management Bureau Chief

ADDITIONAL TRACTS CONTAINED IN STATE AGREEMENT NO. 0

LEGAL DESCRIPTION	SECTION	TWNSHP	RANGE	ACRES

Continuation of Signatures for Sublease of State Agreement Number: 0

Please use this form if additional signature blocks are needed for either Lessees or Sublessee.

State of _____)
) ss
County of _____)

LESSEE'S SIGNATURE (S)

_____

_____

Signed and sworn to before me this
_____ day of _____

_____

Notary Public for the State of _____

Residing at _____

My commission expires _____

State of _____)
) ss
County of _____)

SUBLESSEE'S SIGNATURE (S)

_____

_____

Signed and sworn to before me this
_____ day of _____

_____

Notary Public for the State of _____

Residing at _____

My commission expires _____

State of _____)
) ss
County of _____)

LESSEE'S SIGNATURE (S)

_____

_____

Signed and sworn to before me this
_____ day of _____

_____

Notary Public for the State of _____

Residing at _____

My commission expires _____

State of _____)
) ss
County of _____)

SUBLESSEE'S SIGNATURE (S)

_____

_____

Signed and sworn to before me this
_____ day of _____

_____

Notary Public for the State of _____

Residing at _____

My commission expires _____

State of _____)
) ss
County of _____)

LESSEE'S SIGNATURE (S)

_____

_____

Signed and sworn to before me this
_____ day of _____

_____

Notary Public for the State of _____

Residing at _____

My commission expires _____

State of _____)
) ss
County of _____)

SUBLESSEE'S SIGNATURE (S)

_____

_____

Signed and sworn to before me this
_____ day of _____

_____

Notary Public for the State of _____

Residing at _____

My commission expires _____