



TOWN of CHILMARK
AQUACULTURE LICENSE APPLICATION

Please print in ink or type

Name of Applicant: _____ Telephone: _____

Address - Residence _____ Mailing: _____

Email Address: _____

Chilmark Commercial Permit #y_ _____ Family Permit # _____

Massachusetts Propagation Permit# _____

Application Fee - \$100.00 (Make Check Payable to Town of Chilmark)

Type of License – Floating _____ Bottom _____

SPECIES TO BE CULTURED (Check Appropriate Columns)

Species	Seed	Adults	Both
Soft-shelled Clams	_____	_____	_____
hard-shelled Clams	_____	_____	_____
Oysters	_____	_____	_____
Bay Scallops	_____	_____	_____
Mussels	_____	_____	_____

SEED (If Applicable)

Source: _____ Hatchery (Location & Certification) _____

Town: _____ State: _____

Dealer Name: _____ Address: _____

Number to be Obtained: _____ Size: _____ Date _____ Expected Removal Date: _____

Do you intend to sell Seed ? Yes _____ To: _____ No _____

DECLARATION AND SIGNATURE

By **signing this** form, I certify that I am a full time resident of the Town of Chilmark and that I have received and read the statement of Policy and Regulations for Chilmark's Floating and Bottom License.

Please Print Name _____ Signature _____

Date _____

Please Do Not Write Below This Line

Date Application Received _____ Time _____

Application Fee Paid \$ _____ Date _____

Recommended or **Not Recommended**

Chairman, Shellfish Advisory Committee _____ Date _____

License No. _____ **Date Granted** _____

Three Year Term to Begin On _____

Annual License Fee of \$ _____ To Be Paid By This Date _____

BOARD OF SELECTMEN