

TOWN of CHILMARK
AQUACULTURE LICENSE APPLICATION

Please print in ink or type

Name of Applicant: STANLEY LARSEN Telephone: 508-645-9863

Address - Residence #5 STATE ROAD Mailing: P.O. Bx 406

Email Address: mewensha.fishmarket@yahoo.com Chil.MA. 02535

Chilmark Commercial Permit # #122 Family Permit # #122

Massachusetts Propagation Permit# _____

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

Type of License - Floating _____ Bottom _____ suspended

SPECIES TO BE CULTURED (Check Appropriate Columns)

Species	Seed	Adults	Both
Soft-shelled Clams	_____	_____	_____
hard-shelled Clams	_____	_____	_____
Oysters	_____	_____	_____
Bay Scallops	_____	_____	_____
Mussels	<u>✓</u>	<u>✓</u>	<u>✓</u>

SEED (If Applicable)

Source: wild 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: Growers? No _____

ADULTS (If Applicable)

Source: _____ Hatchery (Location & Certification) _____
_____ Chilmark Public Beds (Location) _____
_____ Other Town (Name): _____
_____ State (Name): _____
_____ Dealer (Name, Address) _____

Number of bushels To Be Obtained: _____ Date: _____
Expected Removal Date: _____

CULTURE AREA _____

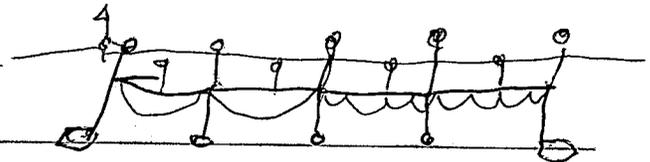
Location _____ Pond or Bay (Specify) _____
 Outside Waters Specify) North coastal
Number of Acres: 10

ATTACH A MAP SHOWING (TO SCALE) THE LOCATION AND SIZE OF THE DESIRED AREA

PROPOSED STRUCTURES

Number _____ Size _____
Location within culture area (Sketch on back)

Description of Construction: Rope system



EQUIPMENT INVOLVED IN THE AQUACULTURE OPERATION

Boat Name/Registration No.
Four Kids
Chili DOG
Vehicle Make/Model/Color

Hull Color/Length
Blue
Red
Registration

Owner/Address
Stanley LARSEN
5 STATE RD
Owner/Address
P.O. Box 406
Chilmark ma 02535

