



TOWN of CHILMARK
AQUACULTURE LICENSE APPLICATION

Please print in ink or type

Name of Applicant: Dennis M. Jason Telephone: 645-7906

Address - Residence 348 North Rd Mailing: same

Email Address: _____

Chilmark Commercial Permit #y 140 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 | _____ | _____ | <input checked="" type="checkbox"/> |

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 _____

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 Shore

Number of Acres: _____

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: _____

EQUIPMENT INVOLVED IN THE AQUACULTURE OPERATION

| | | |
|--|---|--------------------------------------|
| Boat Name/Registration No. <u>Little Lady 266737</u> | Hull Color/Length <u>Green/Blk 42'</u> | Owner/Address <u>348 North Rd</u> |
| Vehicle Make/Model/Color <u>Toyota/Pick-up Gray</u> | Registration <u>1HE 230</u> | Owner/Address <u>Same</u> |

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 Dennis M. Jovan Signature Dennis M. Jovan
Date 9/29/10

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