

WEST BATH RECREATIONAL SHELLFISH HARVESTING LICENSE APPLICATION 2023

For Town Office use only
West Bath License Number Issued

DATE: _____

APPLICANT'S NAME: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

If different than mailing address

LEGAL RESIDENCE: _____

If different than mailing address

IF RESIDENT, HOW LONG HAVE YOU LIVED IN WEST BATH? _____

AGE: _____

HEIGHT: _____

HAIR COLOR: _____

EYE COLOR: _____

DO YOU CURRENTLY POSSESS A STATE LICENSE FOR COMMERCIAL SHELLFISH HARVESTING? YES: _____ NO: _____

TYPE OF LICENSE REQUESTED (CHECK ONLY ONE):

- RESIDENT RECREATIONAL \$20.00
- NON-RESIDENT RECREATIONAL \$30.00
- 62 YEARS OLD or OVER \$10.00
- 16 YEARS OLD or UNDER \$10.00

The signature of the applicant on this application indicates that he/she has read and understands its contents. The applicant's signature is TESTIMONY TO THE TRUTH of the information contained herein. It is UNLAWFUL AND A VIOLATION of the Shellfish Ordinance of the Town of West Bath for any person to give false information on the application. By signing this application, the applicant acknowledges that IT IS A VIOLATION OF THE MARINE RESOURCES ORDINANCE TO USE A RECREATIONAL SHELLFISH LICENSE FOR THE PURPOSE OR INTENT TO SELL HARVESTED MATERIAL COMMERCIALY. VIOLATION OF THIS ORDINANCE MAY RESULT IN REVOCATION OF LICENSE AND SUBJECT PERSONS TO PENALTIES AS PROVIDED IN 12 MRSA §6671.

Applicant Signature

**Residents may complete application and mail with check made payable to Town of West Bath
Mail to: Town of West Bath, Attn: Town Clerk, 219 Fosters Point Rd, West Bath, ME 04530**