

The Commonwealth of Massachusetts

TOWN OF EDGARTOWN
APPLICATION FOR A COMMERCIAL SHELLFISH PERMIT

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Application Checklist

Do not come before the Shellfish Committee without all necessary documentation/notary.

- () Filled Out Application
- () Notarized
- () Proof of Residence
- () Drivers License/Car Registration (*if applicable*)
- () Boat Registration (*if applicable*)

Submit to Town Hall within 48 hrs. of Shellfish Committee signature
Do not submit to Town Hall without Committee signature.

- () Completed Application with Shellfish Committee Signature
- () Fee
- () Received copy of Shellfish Regulations or viewed on Town Website

TOWN OF EDGARTOWN
APPLICATION FOR A COMMERCIAL SHELLFISH PERMIT

Date _____ Permit# _____

To the Selectmen:

The undersigned hereby applies for a Commercial Shellfish Permit in accordance with Section 8A of the Town Shellfishing Regulations.

(Please Print or Type)

1. Name _____

2. Birthplace _____

3. Date of Birth (Applicant must be at least 16 years of age) _____

4. Color of eyes _____ 5. Color of Hair _____

6. Height _____ 7. Weight _____

8. Home Address _____ Phone _____

9. How long at that address? _____ Own () Rent ()

10. Mailing Address _____

11. Previous Address _____

12. How long at that address? _____

13. Residence of spouse & children (if any) _____

14. School of children's enrollment _____

15. Address of voter registration _____

16. Occupation(s) _____

17. Place(s) of Employment _____

18. Motor Vehicle Operators License (*if applicable*) _____

A. State _____ B. Number _____

C. Address _____

19. Automobile Registration (*if applicable*)

A. Make _____ B. Color _____

C. Year _____ D. Registration No. _____

E. Address of Registration _____

F. Place of Principal Garaging _____

20. Boat Registration (*if applicable*)

A. Make _____ B. Color _____

C. Registration No. _____

D. Address of Registration _____

21. Do you presently hold a commercial shellfish permit in the Town of Edgartown?

Yes No

22. Have you previously held a commercial shellfish permit in the Town of Edgartown?

Yes No (If Yes, for what year(s)) _____

23. Have you ever been denied a commercial shellfish permit in the Town of Edgartown?

Yes No (If Yes, for what year(s)) _____

24. Do you hold a commercial shellfish or lobster license from the State or from another town?

Yes No (If Yes, specify state/town(s)) _____

25. Do you hold other permits or licenses from the Town of Edgartown? (If so, please

describe.) _____

Applicant must be a permanent full time resident of the Town of Edgartown and shall submit satisfactory proof, when requested, of such residence prior to the issuance of a permit hereunder; examples of proof: lease, vehicle registration, driver's license, telephone bill, electric bill, top portion (showing name and address only) of a bank statement/credit card statement.

I affirm that the above is true and correct and affix my signature hereto under the pains and penalties of perjury **and agree by signing below to observe and comply with the Shellfishing Rules and Regulations of the Town of Edgartown which accompany this application and/or are available on the Edgartown Website and which may be updated or changed from time to time without notice.** I hereby authorize the Shellfish Constable/Board of Selectmen to contact and communicate with any and all persons who might have knowledge of the aforementioned information for the purpose of verifying its truth and accuracy.

Signature of Applicant _____

Please Print Name _____

THE COMMONWEALTH OF MASSACHUSETTS
DUKES, ss 20

Then personally appeared before me the above named and acknowledged the foregoing to be true under the pains and penalties of perjury.

Notary Public
My Commission Expires: _____
(Do not write below this line)

=====

SHELLFISH COMMITTEE: DATE _____ Approved Disapproved

Chairman's Signature _____

DATE OF ISSUE _____ PERMIT NUMBER _____