

RETAIL, URCHIN BUYER, SHELLFISH TRANSPORTATION, MARINE WORM,
WHOLESALE SEAFOOD

(NO LOBSTER) APPLICATION 2024

License Year: April 1, 2024 – March 31, 2025

Part A: Applicant Information

LANDINGS# _____

Business Name: _____

Fed ID# or SS# _____

If a corporate entity, you must fill out primary ownership information, even if nothing has changed, in Part E (Page 3) or your application will be returned.
Mailing Address of Business: _____

City: _____ State: _____ Zip Code: _____

Physical Address _____
If different than mailing address (please include full address including city, state & zip code)

Email _____ Landline: (____) ____ - _____ Cell Phone: (____) ____ - _____

Contact person _____ Phone# _____

Part B: Fishery Information

Applicants must answer 1-5 in Part C

Wholesale Seafood (no lobster)^M \$ 443 Primary Cost
NEW or RENEW (please check one)

Wholesale Seafood Supp.^{AE}
for each vehicle & facility \$87 ea.X # _____ = \$ _____
Total \$ _____

Urchin Buyer^{ACM} +\$ 500
Urchin Processor^{ACM} +\$1000
Total \$ _____

Shellfish Transportation^F \$ 529
Shellfish Trans. Supp.^{EF} \$ 173
for each vehicle \$173 ea.X # _____ = \$ _____
Total \$ _____

Marine Worm Dealer^{GM} \$ 64
Marine Worm Dealer Supp.^{EG} \$ 26
for each vehicle & facility \$26 ea.X # _____ = \$ _____

Retail Seafood^M \$ 100
Do you buy or intend to buy any marine species from harvesters
(fishermen)?^M Yes No

Enhanced Retail Seaf. Certificate^{MR} \$ 100
Must obtain Retail Seafood Lic. when purchasing the Enhanced Retail Seaf.

Lobster Meat Permit^S \$ 159

GRAND TOTAL \$ _____

NOTES:

- A – You must buy a Wholesale Seafood license
- C – Sea Urchin research surcharge
- E – Submit separate applications for each additional supplemental license. An additional supplemental license is required for each additional place of business and/or vehicle being licensed
- F – License allows transportation of resource beyond the state limits.
- G – Available only to Maine Residents-Must meet requirements.
- M – Mandatory reporting with primary buyer permit (answer Part C). First time applicants must contact DMR Landings Program (207-633-9500) for reporting requirements.
- R – A facility inspection must be completed prior to applying for this license. Please contact DMR at 207-633-9515 to schedule an inspection. Documentation of passed inspection must accompany this application.
- S – You must have a wholesale seafood w/ lobster license or a retail seafood license.

Part C: Additional Information

ANY ADDITIONAL SUPPLEMENTALS SHOULD BE ON THE SECOND PAGE OF THIS APPLICATION

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court.

Please complete if licensing a vessel:

Registration/Documentation # _____
Vessel Name _____ Boat Length _____
Primary Town of Anchorage _____ State _____
Federal Permit# _____

PLEASE COMPLETE ONLY IF you are licensing a vehicle as the primary on your License

Please complete if licensing a vehicle: Is this vehicle

owned leased rented ?
Registration (Plate)# _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

1. Do you buy or intend to buy any marine species from harvesters (fishermen)?^M Yes No

If yes, your license will reflect a primary buyer permit (PBP), allowing you to buy directly from harvesters. Reporting required.

2. Are you an aquaculture facility?^M Yes No

If yes, your license will reflect a primary buyer permit (PBP).

3. Do you handle mahogany quahogs? Yes No

4. In the wholesale trade do you buy, sell, process, ship or transport:

Shrimp^M (purchased from harvesters) Yes No
Herring^M (purchased from harvesters) Yes No
Dogfish^M (purchased from harvesters) Yes No
Scallop^M (purchased from harvesters) Yes No
Black Sea Bass^M (purchased from harvesters) Yes No

5. Do you sell lobster bait? Yes No

Part D: Certification

I hereby declare that the foregoing information is true and correct. **Making any false statement on this license application is punishable under Title 17-A MRS section 453.**

Signature _____ Date ____/____/____
(Owner or an Authorized Official of the Firm) (Month/Day/Year)
PRINT NAME _____

Under Title 12, §6306, (1)(2) and (3), a person licensed by the Department of Marine Resources has a duty to submit to inspection, search and seizure by a Marine Patrol Officer. Failure to comply with this duty may result in a license suspension.

Business Name _____

Landings # _____

PLEASE COMPLETE IF LICENSING ADDITIONAL SUPPLEMENTAL VEHICLES

PLEASE COMPLETE IF LICENSING SUPPLEMENTAL FACILITIES

Check whether the supplementals are for Wholesale, Shellfish or Marine Worm Licenses.

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
 Is this vehicle owned _____ leased _____ rented _____ State _____
 Registration (Plate)# _____ Make _____
 Vehicle ID No. _____
 Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
 Is this vehicle owned _____ leased _____ rented _____ State _____
 Registration (Plate)# _____ Make _____
 Vehicle ID No. _____
 Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
 Is this vehicle owned _____ leased _____ rented _____ State _____
 Registration (Plate)# _____ Make _____
 Vehicle ID No. _____
 Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
 Is this vehicle owned _____ leased _____ rented _____ State _____
 Registration (Plate)# _____ Make _____
 Vehicle ID No. _____
 Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
 Is this vehicle owned _____ leased _____ rented _____ State _____
 Registration (Plate)# _____ Make _____
 Vehicle ID No. _____
 Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
 Is this vehicle owned _____ leased _____ rented _____ State _____
 Registration (Plate)# _____ Make _____
 Vehicle ID No. _____
 Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
 Is this vehicle owned _____ leased _____ rented _____ State _____
 Registration (Plate)# _____ Make _____
 Vehicle ID No. _____
 Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
 Is this vehicle owned _____ leased _____ rented _____ State _____
 Registration (Plate)# _____ Make _____
 Vehicle ID No. _____
 Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
 Is this vehicle owned _____ leased _____ rented _____ State _____
 Registration (Plate)# _____ Make _____
 Vehicle ID No. _____
 Model _____ Year _____ Color _____

(Please fill this section out - if different from mailing address.)

Need Federal Permit if buying certain species directly from federally permitted dealers. Please contact NOAA directly for more information.

Wholesale _____ Marine Worm _____
 Street _____
 Town _____ Zip Code _____

Federal Permit # _____

(If different from mailing address.)

Wholesale _____ Marine Worm _____
 Street _____
 Town _____ Zip Code _____

Federal Permit # _____

(If different from mailing address.)

Wholesale _____ Marine Worm _____
 Street _____
 Town _____ Zip Code _____

Federal Permit # _____

(If different from mailing address.)

Wholesale _____ Marine Worm _____
 Street _____
 Town _____ Zip Code _____

Federal Permit # _____

Vessel Information:

Registration/documentation # _____
 Vessel name: _____ Boat Length: _____
 Primary Town of Anchorage: _____ State: _____

Vessel Information:

Registration/documentation # _____
 Vessel name: _____ Boat Length: _____
 Primary Town of Anchorage: _____ State: _____

Vessel Information:

Registration/documentation # _____
 Vessel name: _____ Boat Length: _____
 Primary Town of Anchorage: _____ State: _____

Part E: Primary owner information required.

For Corporations or LLC's with six or fewer shareholders, please fill out the highest percentage. Please print legibly.

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

For Corporations/ LLC's with greater than six shareholders, please identify Agent's name that is listed on your corporation documents.

Last Name _____ First Name _____, Address _____

City _____ State _____ Zip code _____ Phone # _____

Instructions:

Complete the information in **Part A** on the front of this form. Check license(s) requested in **Part B** and calculate the total fees. Fill out all appropriate supplementals on Page 2 and ensure that you have accounted for them on the front page in **Part B**. Fill out all applicable information in **Part C**. Must meet **residency requirements** under Title 12, Section 6301 if applying for Marine Worm Dealer license. **Certify your application with your signature in Part D**. Must fill in Primary owner information in **Part E**. This is MANDATORY. Only fill in **Part F** if you require one of the certificates/permits or tags. Enclose this document in an envelope along with a check or money order payable to **Treasurer, State of Maine** or fill out the section below for **credit card payments**, affix a stamp and put it in the mail. **We cannot accept applications by fax or phone**. If you have questions call (207) 624-6550.

Mail to: Licensing Division, Department of Marine Resources, 21 State House Station, Augusta, ME 04333

PAYMENT INFORMATION:

Please make all checks payable to: Treasurer, State of Maine

Your check will be processed as an electronic funds transfer (EFT).

Please check this box if your bank does NOT accept EFT transactions so we can manually submit your check to the bank for processing. Please be aware that if an EFT transaction gets rejected by your bank, you will be responsible for the payment as well as a \$20.00 bank fee.

Credit/debit card payments: I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my VISA MasterCard Discover Debit card

First Name _____ Last Name _____
MUST BE AS IT APPEARS ON CARD – PLEASE PRINT LEGIBLY AS THIS MAY AFFECT PROCESSING OF APPLICATION

Card No. _____ CVV# _____ expiration date _____

Signature of Cardholder: _____ Date: _____

Your credit card or checking account will be charged for what you have applied for on this application.

Part F:

Business Name _____

Landings # _____

****Shellfish Certificates and Permits**

	Quantity		Total
Shellstock Shipper	<input type="checkbox"/>	<input type="checkbox"/> \$50	_____
Shucker Packer	<input type="checkbox"/>	<input type="checkbox"/> \$50	_____
Reshipper	<input type="checkbox"/>	<input type="checkbox"/> \$50	_____
Depuration processor	<input type="checkbox"/>	<input type="checkbox"/> \$200	_____
Enhanced Retail	<input type="checkbox"/>	<input type="checkbox"/> \$100	_____
Wet Storage Permit, Flow through	<input type="checkbox"/>	<input type="checkbox"/> \$100	_____
Wet Storage Permit, Off Shore	<input type="checkbox"/>	<input type="checkbox"/> \$100	_____
Wet Storage Permit, Recirculating	<input type="checkbox"/>	<input type="checkbox"/> \$200	_____
Wet Storage Permit, Recirculating. Non-DMR Testing	<input type="checkbox"/>	<input type="checkbox"/> \$100	_____
Buying Station Permit	<input type="checkbox"/>	<input type="checkbox"/> \$100	_____
Bulk Tagging Permit	<input type="checkbox"/>	<input type="checkbox"/> \$50	_____

TOTAL ADDITIONAL COST \$ _____

Additional Information -If you are renewing any one of the above, please list the license number of the ones you are renewing _____. If you are obtaining an additional license (s) (new), please ensure that you have submitted the correct payment information.

For more information on whether you need to obtain these certificates or permits, please contact DMR at 207-633-9515

DEPURATION TAGS: Number seals requested _____