

# Seaweed Buyer's License 2010

This form may be used to apply for or renew licenses. Please provide all information requested. Delays may result from incomplete applications.



## Part A: Applicant Information

Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
(IF DIFFERENT FROM MAILING)  
 Social Security or Federal Employers ID. No: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

## Part B: Fishery Information License Jan. 1, 2010 to Dec. 31, 2010

Check license requested, new or renewal.

**LICENSE FEES ARE NOT REFUNDABLE.**

	Renew	New	Fees
<b>Resident Seaweed Buyer</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$200
<b>Nonresident Seaweed Buyer</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$500

### Notes:

Please review residency requirements on the back of this application if applying for a resident license. Proof of residency may be requested.

A person licensed under Title 12, §6803-A shall pay an annual surcharge, which must be deposited in the Seaweed Management Fund established under Title 12, §6806.

## Part C: Supplemental Information

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

**Do you buy or intend to buy any marine species from harvesters (fishermen)?**

Yes  No

If yes, your license will reflect a primary buyer permit, allowing you to buy directly from harvesters. Mandatory reporting may apply with some licenses and/or permits.

Please contact DMR Landings Program at (207) 633-9504.

## Part D: Certification/Signature

I hereby declare, under the penalty of perjury under the laws of the State of Maine and the United States of America that the foregoing information is true and correct.

Signature \_\_\_\_\_  
 (Owner or an Authorized Official of the Firm)

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Month / Day / Year)

Under Title 12, §6306, signature of applicant authorizes inspection by Law Enforcement Officers. Application on its face indicates compliance with Statutory criteria.

**Instructions:**

Complete the information in **Part A** on the front of this form. Check license requested in **Part B**. Fill out applicable information in **Part C**. **Certify your application with your signature in Part D**. Enclose this document in the return envelope provided 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 any questions call (207) 624-6550.

**To print additional forms and renew existing licenses, please visit:  
[www.maine.gov/dmr/license](http://www.maine.gov/dmr/license)**

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

**Residency Requirements:** Any individual who has been domiciled in Maine for the past 6 months preceding the date of application is eligible for a resident license. A corporation is eligible for a resident license if it has been created and exists under the laws of Maine and it has existed in Maine for 6 months preceding the date of application. A firm or partnership is eligible if all of its officers or partners have been domiciled in Maine for 6 months preceding the date of application. For the purposes of this license application, a resident is a person who:

- A. If registered to vote, is registered in Maine;
- B. If licensed to drive a motor vehicle, has made application for a Maine motor vehicle operator's license;
- C. If the owner of one or more motor vehicles located within the State, has registered at least one of the motor vehicles in Maine; and
- D. If required to file a Maine income tax return on the previous April 15<sup>th</sup>, filed a Maine income tax return.

**Credit Card Payment:** I authorize the State of Maine, Department of Marine Resources, Licensing

Division, to charge my VISA  Mastercard  Discover  Card No. \_\_\_\_\_

In the Amount of \$ \_\_\_\_\_, expiration date \_\_\_\_\_

Signed by cardholder \_\_\_\_\_ date \_\_\_\_\_