**State of Maine**

**Department of Agriculture, Conservation & Forestry**

Animal health, 28 State House Station, Augusta, Maine 04333-0028

**APPLICATION FOR LICENSE FOR LAND-BASED AQUACULTURE**

*\*\*\*All information is required, and incomplete applications will be returned to you without review.\*\*\**

***Please see p. 3 for instructions on completing this form.***

*Call (207) 287-7615 if you have any questions about this application.*

|  |  |  |
| --- | --- | --- |
| **Please list:**  **Name of Company/Facility-**  **Name of Owner/Manager-**  **Physical Address-**  **City, State, Zip-** |  | **Please list:**  **Primary Contact-**  **Mailing address (*if different)-***  **Email-**  **Telephone-** |
|  |  |  |
| **Facility Description** | | |
|  |  |  |
| **Water Source** |  | **Discharge type & location** |
| **Anticipated annual production (Lbs)** |  | **Anticipated daily discharge (Gal)** |
|  | | |
| **Name of source(s) in which stock will be acquired** | | |
| **Aquatic specie(s) to be cultivated (common & scientific name)** | | |

**Type of Operation (check box to left of all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Direct to food market** |  | **Aquatic disease research** |
|  | **Broodstock with egg or larval sales** |  | **Aquaculture R&D for product/process creation** |
|  | **Nursery with juvenile sales** |  | **Production of biological compounds & substances** |
|  | **Juvenile production for growout in marine waters** |  | **Biomedical research** |
|  | **Pond stocking or Fee Fishing** |  | **Education and instruction** |
|  | **Rearing of baitfish** |  | **Aquaponic production** |
|  | **Cultivation in brackish or marine water** |  | **Home hobby and personal use only** |
|  | **Cultivation in freshwater** |  | **Rearing tropical fish for aquarium use** |
|  | **Other ‑ (please be specific)** | | |

|  |  |  |
| --- | --- | --- |
| *Please respond Yes or No to the following questions:* | **YES** | **NO** |
| **1. Do you understand that the transfer of live product, embryos, and gametes into your facility from sources within the State**  **may require a transfer permit from either DIFW or DMR?** |  |  |
|  |  |
| **2. Do you understand that importation of live product, embryos, and gametes into the State of Maine requires an importation**  **permit from either DIFW or DMR?** |  |  |
|  |  |
| **3. Do you understand that the transfer of live product, embryos, or gametes from this facility to other facilities or to private or**  **public waters of the State may require a transfer permit from either DIFW or DMR?** |  |  |
|  |  |
| **4. Do you understand that the licensee must keep all invoices of live or processed product sold and purchased and have them**  **available for inspection by the Commissioner or an authorized agent?** |  |  |
|  |  |

I hereby state that the information included in this application is true and correct and that I have read and understand the current regulations governing aquaculture and the above-listed standard conditions that apply to the importation, introduction and/or movement of aquatic animals.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Please scroll down for more information…)*

Land-Based Aquaculture Application Instructions

So that we are able to process your application and issue your operating license as quickly as possible, please fill out the application form *completely*, providing all of the following information. *Do not leave spaces blank*.:

**Name of Company/Facility -** Business name of primary owner(s), and facility name (if different.)

**Name of Owner/Manager -** Owner of facility, and primary contact for questions (if not the same individual).

**Mailing Address/Email/Phone number -** Mailing address, email & phone number for any questions regarding the facility, and for written correspondence (license, notifications, etc.)

**Facility Description –** Please describe your facility with words such as the following: indoor, outdoor, open to the public, academic institution, laboratory, controlled access, bio-secure, earthen pond, lined pond, tank based, aquaria based, Recirculating Aquaculture System(RAS), aquaponic, biofloc, discharge dependent, located away from surface waters of the State, located adjacent to surface waters of the State. **You may opt to provide a more detailed description including labeled diagrams. If such is provided, please write “See attachment” in space provided.**

**Water source-** Describe the water source: municipal, well water, deep aquifer, shallow aquifer, fresh water, marine water, artificial salt water, pond water, lake water, river water, trucked water, pumped and piped, UV treated, filtered, ozonated, and untreated.

**Discharge-** Describe the discharge: discharge to surface waters of the State (name the body of water), untreated discharge, treated discharge (solids filtration, UV, ozone, chlorine, other), discharge to private septic and leach field, discharge to a POTW (public owned treatment works licensed by DEP. Provide name of POTW), discharge used for growing terrestrial crops, discharge to aquaponics, and zero water discharge. Do not include water to be discharged for general sanitation.

**Aquatic Species –** List all species currently or intended for culture at the facility. If species are added to or subtracted from existing inventories, notify the department of any changes and your license will be modified accordingly.

**Source of egg/aquatic animal(s) –** List the source(s) from which eggs and/or aquatic animals intended for culture, whether from domestic source on site or from any outside source/facility, will be obtained.

**Annual production-** Provide anticipated production at full scale. Provide anticipated figure or; less than 20,000 lbs., less than 100,000 lbs. or greater than 100,000 lbs.

**Anticipated daily discharge**- Provide anticipated discharge volume at full scale. Provide anticipated figure or one of the following: zero water discharge, less than 25,000 GPD, or greater than 25,000 GPD. If you have a DEP discharge permit, provide the number. If you have an industrial user permit from your POTW, provide the number.

**Read and acknowledge the questions which indicate the stipulation that pertains to this license.**

**Sign and date application.**

Assistance with Additional Permits related to Aquaculture

## Transfer and Importation Permits

Existing and new cultivation permit holders, producers, and R&D facilities should take note that *transfer and importation permit authority has not changed*. If you have a need for either type of permit, or wonder if you do, you must contact the appropriate individuals at the Department of Marine Resources (DMR) or the Department of Inland Fisheries and Wildlife (DIFW), as you may have in the past.

### Marine Species

* Marcy Nelson at DMR, [Marcy.Nelson@maine.gov](mailto:Marcy.Nelson@maine.gov), 207-633-9502
* [DMR Importation, Introduction, and Transfer Forms](http://www.maine.gov/dmr/aquaculture/forms/additionalforms.html)

### Freshwater Species

* David Russell at DIFW, [David.Russell@maine.gov](mailto:David.Russell@maine.gov), 207-287-2813
* Todd Langevin at DIFW, [Todd.Langevin@maine.gov,](mailto:Todd.Langevin@maine.gov) 207-287-5262
* [DIFW Fish Importation Form (PDF)](http://www.maine.gov/ifw/docs/fish_importation.pdf)

Other Permits

Department of Environmental Protection – NPDES (facility discharge) permits

* Gregg Wood at DEP, [Gregg.Wood@maine.gov](mailto:Gregg.Wood@maine.gov), 207-287-7693

Please feel free to contact DACF with any questions via: Michele Walsh, Maine State Veterinarian [Michele.walsh@maine.gov](mailto:Michele.walsh@maine.gov); (207) 287-7615