



Maine Department of Inland Fisheries and Wildlife
353 Water Street, 41 SHS, Augusta, ME 04333
Phone 207-287-8000 / Fax 207-287-9037

APPLICATION FOR BAITFISH WHOLESALE LICENSE

In accordance with the provisions of the Revised States, Title 12, Section 12551-A (6) Baitfish Wholesaler's License

New Applicant _____ Renewal Applicant _____ Last Year Licensed: _____ **Annual Fee \$26**

Name: _____ Date of Birth: ____/____/____
First Last MI

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Gender: _____

MOSES ID Number: _____ Social Security #: _____
(NEW Applicants Only)

Mailing Address: _____
Street/Road or Box # City or Town State Zip Code

Physical Address: _____
Street or Road City or Town State Zip Code

Email Address: _____ Phone Number: (____)____-_____

Driver's License State: _____ Driver's License Number _____

Do you plan to sell harvested fish to the general public? (Required – Check one) _____ YES _____ NO

If yes, please list business name: _____

If yes, please list retail address: _____
Street or Road City or Town State Zip Code

Information provided on this application form will be used by MDIFW staff only. If you would like to list your retail information publicly on the MDIFW website to help anglers find your location/service, please indicate so below:

I give permission to display the following information on the MDIFW website: (Check all that apply)

____ Retail Name & Address ____ Phone Number ____ Email Address Are you open year round? ____ YES ____ NO

This license permits the taking of live baitfish from inland waters or private ponds, and the retail sale of baitfish. If a person intends to sell from more than one location, each location must be licensed separately by obtaining a Live Bait Retailer's license.

NOTE: Bait Wholesale License holders are required to submit an annual report on catch information to the Department. Those failing to submit a report on forms provided by the department, may be prohibited from obtaining a license for the following year.

Applicant Signature: _____ **Date:** _____

SEND APPLICATION WITH THE APPROPRIATE FEE:
Make check payable to: Treasurer, State of Maine

Department of Inland Fisheries and Wildlife
Licensing Division - Bait
 353 Water Street, SHS 41
 Augusta, ME 04333
ifw.baitfishpermits@maine.gov

CREDIT CARD PAYMENT	
All Major Credit Cards Accepted	
Name on Card:	_____
Card #:	_____
Expiration Date:	____/____ Code: _____
Billing Address:	_____ _____