



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 BAIT RETAIL LICENSE

In accordance with the provisions of the Revised States, Title 12, Section 12551-A (5) Baitfish Wholesaler's License

New Applicant _____ Renewal Applicant _____ Last Year Licensed: _____ **Annual Fee \$16**

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 _____

Are you retailing Baitfish under this license? (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 selling of live smelt and baitfish from ONE location. If a person intends to sell from more than one location, each location must be licensed separately by obtaining an additional Live Bait Retailer's license.

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, 41 SHS
 Augusta, ME 04330
ifw.baitfishpermits@maine.gov

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