MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

353 Water Street, 41 SHS Augusta, ME 04333-0041 Phone 207-287-5261 / Fax 207-287-6395

APPLICATION FOR A LICENSE TO OPERATE A FEE FISHING POND Title 12 MRSA Section 12508

| _ | _ | | | |
|---|--|---|---|--|
| Гуре of application (check one): | | | | |
| Name of Owner or Manager: | | | | |
| Business Mailing Address (Street o | and Apt # or PO Box) | | | |
| City: | | State: | Zip Code: | |
| Геlephone: () | | | | |
| Physical Address (Street and Apt # | | | | |
| | | | Zip Code: | |
| | | | | |
| Description: Ap | plicable Characteristics of O | peration (check | k box for all that apply): | |
| Indoor fee fishing operation Outdoor fee fishing operation Single pond Multiple ponds Largest pond is less than 10 acres in size Pond(s) are to be stocked with onsite production Pond(s) are to be stocked with offsite production Pond(s) will be accessible to wild fish Use of live baitfish will be allowed Specific Watershed: Anticipated annual harvest (Lbs): Anticipated annual biomass of feed to be fed (Lbs): Please complete the following for all fish on site: | | Catch prepare Customer car Discharge exc Discharge wil Pond(s) wate Pond(s) wate Fish will be for | Catch and release only Catch prepared for onsite consumption Customer can take catch home Discharge exceeds 17.35 GPM or 25,000 GPD Discharge will exist less than 30 days per year Pond(s) water supply is a public pond or lake Pond(s) water supply is from a well or spring Fish will be fed feed Pond(s)are fertilized to promote production | |
| | | | | |
| FISH SPECIES (List all species to be reared or offered) | STRAIN (List all strains or distinct population of each species) | • | SOURCE OF EGGS/FISH ource of eggs/fish whether domestic, onsite or from other source) | |
| i | | | | |

| Please respond Yes or No to the following questions: | YES | NO | |
|---|--------|---------|--|
| 1. Do you understand that the movement of live fish, embryos, or gametes into your facility from external | | | |
| sources will require a transfer, stocking, or importation permit from the Department? | | | |
| 2. Do you understand that with this license, fish from a fee fishing pond must be killed before being removed from the facility or pond area? | | ш | |
| 3. Do you understand that all fish transported from your premises must be appropriately tagged with your name | | | |
| and address? | | | |
| 4. Do you understand that the licensee must keep all invoices of fish 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 understar current regulations governing fee fishing and the above-listed standard conditions that apply to the importation, into and/or movement of fish. | | | |
| Signature Date | | | |
| NOTE: It is a Class E crime to obtain a permit through fraud, misstatement or misrepresentation (Title 12 MR Section 10757) | ≀SA | | |
| (Instructions on following page) | | | |
| | Revise | ed 10-2 | |
| FOR DEPARTMENT USE ONLY | | | |
| Permit Type/Number: | | | |
| □ Approved OR □ Denied By : Date: | | | |
| Additional conditions: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Application Instructions

To facilitate the processing of your application and issuance of your operating license as quickly as possible, please fill out the application form *completely*, providing all the following information. <u>Do not leave spaces blank</u>:

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).

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

Physical Address - Address of where licensed activity will take place if different from business address

<u>Facility Description</u> - In addition to checking applicable characteristics, the applicant may also provide a description as an attachment to the application.

<u>Specific Watershed -</u> Describe the location of discharge from your facility or pond with the name of the downstream receiving water.

Anticipated annual harvest - Provide anticipated harvest under the licensed operation in total pounds.

Anticipated annual biomass stocked- Provided annual biomass of fish to be stocked in pounds

Anticipated annual biomass of feed to be fed- Provide annual weight of feed to be fed in pounds

<u>Fish Species</u> - List all species <u>currently or intended to be reared or offered</u> 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 after Department approval.

Strain - List all strains or any distinct population of each species held on site.

<u>Source of eggs/fish</u> - List the source(s) from which eggs and/or fish have been of will be acquired intended for culture, whether from domestic source on site or from any outside source/facility, will be obtained.

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

Sign and date application.

Return completed application and fee to: MDIFW, Fisheries and Hatcheries Division, 353 Water Street, 41 SHS, Augusta, ME 04333-0041. Please make check payable to "Treasurer, State of Maine"