



State of Maine
Department of Marine Resources
Bureau of Public Health
Shellfish Management Program

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Intertidal Mussel Harvesting Permit

Intended for both mussel seed conservation area applications and/or applications for mussel dragging in municipal closures

Date of Request: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ E-mail: _____

Vessel Name: _____

Registration or Document # _____

Length: _____ Color: _____

Harvester Name: _____

State License #: _____

In what Town or state mussel conservation area(s) do you want to harvest mussels?

What designated Conservation Area(s) in the Town do you want to work in?
(If possible attach maps – skip for state mussel conservation area requests)

What is the size of the mussels to be harvested (check one)?

SEED: _____ ADULT: _____

Estimate how many bushels you intend to harvest from each designated Conservation Area or state mussel conservation area.

When do you intend to start and finish harvest activities?

Where do you intend to move/take the product?

What type of gear do you intend to use for the mussels harvest?

Signature of applicant: _____