RETAIL, URCHIN BUYER, SHELLFISH TRANSPORTATION, MARINE WORM, WHOLESALE SEAFOOD

(NO LOBSTER) APPLICATION 2023

License Year: April 1, 2023 - March 31, 2024

| License Tear. April | i 1, 2025 – March 51, 2024 |
|---|--|
| Part A: Applicant Information | LANDINGS# |
| Business Name: Fed Employer ID or SS#: | |
| If a corporate entity, you must fill out primary owners | ship information, even if nothing has changed, in Part E |
| (Page 3) or your appl | ication will be returned. |
| Mailing Address of Business: City: Physical Address State | |
| City: State | : Zip Code: |
| If different than mailing address (please include fu | ıll address including city, state & zip code) |
| | |
| Email Landl Contact person | ine: () Cell Phone: () |
| Contact person | Phone# |
| | |
| | |
| Part B: Fishery Information | Part C: Additional Information |
| Applicants must answer 1-5 in Part C | ANY ADDITIONAL SUPPLEMENTALS SHOULD BE ON |
| | THE SECOND PAGE OF THIS APPLICATION |
| Wholesale Seafood (no lobster) ^M \$ 443 Primary Cost | Fill out all information completely. False statements or misrepresentations |
| NEW□ or RENEW □ (please check one) | will result in the revocation of the license and prosecution in Court. Please complete if licensing a vessel: |
| Wholesale Seafood Supp ^{4E} | Registration/Documentation #Boat Length |
| for each vehicle & facility \$87 ea.X #=\$ Total \$ | Primary Town of Anchorage State State |
| Total | Federal Permit# |
| Urchin Buyer ^{ACM} □ +\$ 500 | PLEASE COMPLETE ONLY IF you are licensing a vehicle as the primary on you |
| Urchin Processor ^{ACM} □ +\$1000 | License |
| Total \$ | Please complete if licensing a vehicle: Is this vehicle ownedleasedrented? |
| 1 θta1 | Registration (Plate)# Make |
| Shellfish Transportation ^F □ \$ 529 | Vehicle ID No. |
| Shellfish Transportation ^F □ \$ 529 Shellfish Trans. Supp. ^{EF} □ \$ 173 | ryiouci real coloi |
| for each vehicle \$173 ea.X #=\$ | 1. Do you buy or intend to buy <u>any</u> marine species from harvesters |
| Total \$ | (fishermen)? ^M Yes□ No□ If yes, your license will reflect a primary buyer permit (PBP), allowing you to buy |
| 10tai 5 | directly from harvesters. Reporting required. |
| Marine Worm Dealer ^{GM} 🔲 \$ 64 | 2. Are you an aquaculture facility? ^M Yes□ No□ |
| Marine Worm Dealer Supp. ^{EG} □ \$ 26 | If yes, your license will reflect a primary buyer permit (PBP). 3. Do you handle mahogany quahogs? Yes□ No□ |
| for each vehicle & facility \$26 ea.X #=\$ | 4. In the wholesale trade do you buy, sell, process, ship or transport: |
| Retail Seafood ^M □ \$ 100 | Shrimp ^M (purchased from harvesters) Yes□ No□ |
| Do you buy or intend to buy any marine species from harvesters | Herring ^M (purchased from harvesters) Yes□ No□ Dogfish ^M (purchased from harvesters) Yes□ No□ |
| (fishermen)? ^M Yes□ No□ | Scallop ^M (purchased from harvesters) Yes \square No \square |
| Enhanced Retail Seaf. Certificate ^{MR} \$\square\$ \$ 100 Must obtain Retail Seafood Lic. when purchasing the Enhanced Retail Seaf. | Black Sea Bass ^M (purchased from harvesters) Yes□ No□ |
| Must obtain Retail Scarood Lie. when purchasing the Elimaneed Retail Scar. | 5. Do you sell lobster bait? Yes□ No□ |
| Lobster Meat Permit ^S □ \$ 159 | or Do you sen robster bate. Tests Trots |
| GRAND TOTAL \$ | |
| NOTES: | Part D: Certification |
| A – You must buy a Wholesale Seafood license | I hereby declare that the foregoing information is true and |
| C – Sea Urchin research surcharge E – Submit separate applications for each additional supplemental license. An | correct. Making any false statement on this license application is punishable under Title 17-A MRS section 453. |
| additional supplemental license is required for each additional place of business | |
| and/or vehicle being licensed F – License allows transportation of resource beyond the state limits. | |
| G – Available only to Maine Residents-Must meet requirements. | SignatureDate// |
| M – Mandatory reporting with primary buyer permit (answer Part C). First time applicants must contact DMR Landings Program (207-633-9500) for reporting | (Owner or an Authorized Official of the Firm) (Month/Day/Year) |
| requirements. | PRINT NAME |
| R. – A facility inspection must be completed prior to applying for this license. | Under Title 12, §6306, (1)(2) and (3), a person licensed by the |
| Please contact DMR at 207-633-9515 to schedule an inspection. Documentation of passed inspection must accompany this application. | Department of Marine Resources has a duty to submit to inspection, search and seizure by a Marine Patrol Officer. Failure to comply with |
| S – You must have a wholesale seafood w/ lobster license or a retail seafood | this duty may result in a license suspension. |

| Business Name | Landings # |
|---------------|------------|
| | |

PLEASE COMPLETE IF LICENSING ADDITIONAL SUPPLEMENTAL VEHICLES

PLEASE COMPLETE IF LICENSING SUPPLEMENTAL FACILITIES

Check whether the supplementals are for Wholesale, Shellfish or Marine Worm Licenses.

| Wholesale Shellfish Marine Worm Is this vehicle owned leased rented State Registration (Plate)# Make Wholesale Shellfish Marine Worm Is this vehicle owned leased rented State Registration (Plate)# Make Wholesale Shellfish Marine Worm Model Year Color Wholesale Shellfish Marine Worm Is this vehicle owned leased rented State Registration (Plate)# Make Wholesale Shellfish Marine Worm Is this vehicle owned leased rented State Registration (Plate)# Make Wholesale Shellfish Marine Worm Is this vehicle owned leased rented State Registration (Plate)# Make Wholesale Shellfish Marine Worm Is this vehicle owned leased rented State Registration (Plate)# Make Wholesale Shellfish Marine Worm Is this vehicle ID No. Model Year Color Wholesale Shellfish Marine Worm Is this vehicle owned leased rented State Registration (Plate)# Make Vehicle ID No. Model Year Color Make Vehicle ID No. Make Vehicle ID No. Make Vehicle ID No. Make Vehicle ID No. Make | Worm State Or Worm State Or Worm State State Or State | Marine Worm rented Sta Marine Worm Color Marine Worm rented State Make Color Color Color Color Color | Year | Registration (Plate)# Vehicle ID No |
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| Wholesale | Marine Worm | | |
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| Federal Permit# | | | |
| If different from r | nailing address.) | | |
| | Marine Worm | | |
| Town | | _Zip Code | |
| Federal Permit# | | _ | |
| If different from r | nailing address.) | | |
| Wholesale | Marine Worm_ | | |
| Town | | Zip Code | |
| Federal Permit# | | | |
| Vessel Informatio | | | |
| Registration/docur Vessel name: | nentation # | Boat | Length: |
| Primary Town of A | Anchorage: | | State: |
| Vessel Information Registration/docur | nentation # | | |
| Vessel name: | Anchorage: | Boat | Length: |
| | | | State. |
| Vessel Information Registration/docur | nentation # | | |
| Vessel name: | Anchorage: | Boat | Length: State: |

| For Cornorations or LLC | C's with six or fewer shareholders, p | alease fill out the highest | nercentage Please ni | rint legibly |
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| | First Name | | | |
| Last Name | First Name | DOB | SS# | % |
| Last Name | First Name | DOB | SS# | <u>%</u> |
| For Corporations/ LLC's | s with greater than six shareholders | , please identify Agent's | name that is listed on | your corporation docume |
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Your credit card or checking account will be charged for what you have applied for on this application.

| Part F: | | | |
|--|--------------------------------------|-----------------|----------------|
| Business Name | Landings # | | |
| **Shellfish Cer | tificates and Per | mits | |
| | Quantity | | Total |
| Shellstock Shipper | Quantity | □ \$50 | |
| Shucker Packer | | □ \$50 | |
| Reshipper | | □ \$50 | |
| Depuration processor | | □\$200 | |
| Enhanced Retail | | □\$100 | |
| Wet Storage Permit, Flow through | | □\$100 | |
| Wet Storage Permit, Off Shore | | □\$100 | |
| Wet Storage Permit, Recirculating | | □\$200 | |
| Wet Storage Permit, Recirculating. Non-DMR Testing | | □\$100 | |
| Buying Station Permit | | □\$100 | |
| Bulk Tagging Permit | | □ \$50 | |
| | | | |
| | | | |
| TOTAL ADDITIONAL COST | \$ | | |
| Additional Information -If you are renewing any or | na of the above pleas | a list the lice | nsa numbar |
| | = | T.O. | |
| additional license (s) (new), please ensure that you | have submitted the co | orrect payme | ent informati |
| For more information on whether you need to DMR at | o obtain these certific 207-633-9515 | ates or perm | its, please co |
| | | | |
| | | | |
| | | | |
| | | | |
| DEPURATION TAGS: Number so | eals requested | | |
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