

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

**(NO LOBSTER) APPLICATION 2025**

**License Year: April 1, 2025 – March 31, 2026**

**Part A: Applicant Information**

**LANDINGS#** \_\_\_\_\_

Business Name: \_\_\_\_\_

Fed ID# or SS# \_\_\_\_\_

*If a corporate entity, you must fill out primary ownership information, even if nothing has changed, in Part E (Page 3) or your application will be returned.*

Mailing Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address \_\_\_\_\_

*If different than mailing address (please include full address including city, state & zip code)*

Email \_\_\_\_\_ Landline: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Contact person \_\_\_\_\_ Phone# \_\_\_\_\_

**Part B: Fishery Information**

**Applicants must answer 1-5 in Part C**

**Wholesale Seafood (no lobster)<sup>M</sup>** \$ 443 Primary Cost  
NEW ☐ or RENEW ☐ (please check one)

**Wholesale Seafood Supp.<sup>AE</sup>**  
for each vehicle & facility \$87 ea.X # \_\_\_\_\_ = \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**Urchin Buyer<sup>ACM</sup>** ☐ +\$ 100  
**Urchin Processor<sup>ACM</sup>** ☐ +\$1000  
**Total** \$ \_\_\_\_\_

**Shellfish Transportation<sup>F</sup>** ☐ \$ 529  
**Shellfish Trans. Supp.<sup>EF</sup>** ☐ \$ 173  
for each vehicle \$173 ea.X # \_\_\_\_\_ = \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**Marine Worm Dealer<sup>GM</sup>** ☐ \$ 64  
**Marine Worm Dealer Supp.<sup>EG</sup>** ☐ \$ 26  
for each vehicle & facility \$26 ea.X # \_\_\_\_\_ = \$ \_\_\_\_\_

**Retail Seafood<sup>M</sup>** ☐ \$ 100  
**Do you buy or intend to buy any marine species from harvesters (fishermen)?<sup>M</sup>** Yes ☐ No ☐  
**Enhanced Retail Seaf. Certificate<sup>MR</sup>** ☐ \$ 100  
Must obtain Retail Seafood Lic. when purchasing the Enhanced Retail Seaf.

**Lobster Meat Permit<sup>S</sup>** ☐ \$ 159

**GRAND TOTAL** \$ \_\_\_\_\_

**NOTES:**

**A** – You must buy a Wholesale Seafood license

**C** – Sea Urchin research surcharge

**E** – Submit separate applications for each additional supplemental license. An 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.

**M** – Mandatory reporting with primary buyer permit (answer Part C). First time applicants must contact DMR Landings Program (207-633-9500) for reporting requirements.

**R** – A facility inspection must be completed prior to applying for this license. Please contact DMR at 207-633-9515 to schedule an inspection. Documentation of passed inspection must accompany this application.

**S** – You must have a wholesale seafood w/ lobster license or a retail seafood license.

**Part C: Additional Information**

**ANY ADDITIONAL SUPPLEMENTALS SHOULD BE ON THE SECOND PAGE OF THIS APPLICATION**

*Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court.*

**Please complete if licensing a vessel:**

Registration/Documentation # \_\_\_\_\_

Vessel Name \_\_\_\_\_ Boat Length \_\_\_\_\_

Primary Town of Anchorage \_\_\_\_\_ State \_\_\_\_\_

**Federal Permit#** \_\_\_\_\_

PLEASE COMPLETE ONLY IF you are licensing a vehicle as the primary on your License

**Please complete if licensing a vehicle:** Is this vehicle

owned \_\_\_\_\_ leased \_\_\_\_\_ rented \_\_\_\_\_?

Registration (Plate)# \_\_\_\_\_ Make \_\_\_\_\_

Vehicle ID No. \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

**1. Do you buy or intend to buy any marine species from harvesters (fishermen)?<sup>M</sup>** Yes ☐ No ☐

If yes, your license will reflect a primary buyer permit (PBP), allowing you to buy directly from harvesters. Reporting required.

**2. Are you an aquaculture facility?<sup>M</sup>** Yes ☐ No ☐

If yes, your license will reflect a primary buyer permit (PBP).

**3. Do you handle mahogany quahogs?** Yes ☐ No ☐

**4. In the wholesale trade do you buy, sell, process, ship or transport:**

Shrimp<sup>M</sup> (purchased from harvesters) Yes ☐ No ☐

Herring<sup>M</sup> (purchased from harvesters) Yes ☐ No ☐

Dogfish<sup>M</sup> (purchased from harvesters) Yes ☐ No ☐

Scallop<sup>M</sup> (purchased from harvesters) Yes ☐ No ☐

Black Sea Bass<sup>M</sup> (purchased from harvesters) Yes ☐ No ☐

**5. Do you sell lobster bait?** Yes ☐ No ☐

**Part D: Certification**

I hereby declare that the foregoing information is true and correct. **Making any false statement on this license application is punishable under Title 17-A MRS section 453.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Owner or an Authorized Official of the Firm)

(Month/Day/Year)

PRINT NAME \_\_\_\_\_

Under Title 12, §6306, (1)(2) and (3), a person licensed by the Department of Marine Resources has a duty to submit to inspection, search and seizure by a Marine Patrol Officer. Failure to comply with 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 \_\_\_\_\_  
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 \_\_\_\_\_

**Wholesale** \_\_\_\_\_ **Shellfish** \_\_\_\_\_ **Marine Worm** \_\_\_\_\_  
Is this vehicle owned \_\_\_\_\_ leased \_\_\_\_\_ rented \_\_\_\_\_ State \_\_\_\_\_  
Registration (Plate)# \_\_\_\_\_ Make \_\_\_\_\_  
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 \_\_\_\_\_

**Wholesale** \_\_\_\_\_ **Shellfish** \_\_\_\_\_ **Marine Worm** \_\_\_\_\_  
Is this vehicle owned \_\_\_\_\_ leased \_\_\_\_\_ rented \_\_\_\_\_ State \_\_\_\_\_  
Registration (Plate)# \_\_\_\_\_ Make \_\_\_\_\_  
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 \_\_\_\_\_

**Wholesale** \_\_\_\_\_ **Shellfish** \_\_\_\_\_ **Marine Worm** \_\_\_\_\_  
Is this vehicle owned \_\_\_\_\_ leased \_\_\_\_\_ rented \_\_\_\_\_ State \_\_\_\_\_  
Registration (Plate)# \_\_\_\_\_ Make \_\_\_\_\_  
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 \_\_\_\_\_

**Wholesale** \_\_\_\_\_ **Shellfish** \_\_\_\_\_ **Marine Worm** \_\_\_\_\_  
Is this vehicle owned \_\_\_\_\_ leased \_\_\_\_\_ rented \_\_\_\_\_ State \_\_\_\_\_  
Registration (Plate)# \_\_\_\_\_ Make \_\_\_\_\_  
Vehicle ID No. \_\_\_\_\_  
Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

(Please fill this section out - if different from mailing address.)

**Need Federal Permit if buying certain species directly from federally  
permitted dealers. Please contact NOAA directly for more  
information.**

Wholesale \_\_\_\_\_ Marine Worm \_\_\_\_\_  
Street \_\_\_\_\_  
Town \_\_\_\_\_ Zip Code \_\_\_\_\_

**Federal Permit #** \_\_\_\_\_

(If different from mailing address.)

Wholesale \_\_\_\_\_ Marine Worm \_\_\_\_\_  
Street \_\_\_\_\_  
Town \_\_\_\_\_ Zip Code \_\_\_\_\_

**Federal Permit #** \_\_\_\_\_

(If different from mailing address.)

Wholesale \_\_\_\_\_ Marine Worm \_\_\_\_\_  
Street \_\_\_\_\_  
Town \_\_\_\_\_ Zip Code \_\_\_\_\_

**Federal Permit #** \_\_\_\_\_

(If different from mailing address.)

Wholesale \_\_\_\_\_ Marine Worm \_\_\_\_\_  
Street \_\_\_\_\_  
Town \_\_\_\_\_ Zip Code \_\_\_\_\_

**Federal Permit #** \_\_\_\_\_

**Vessel Information:**

Registration/documentation # \_\_\_\_\_  
Vessel name: \_\_\_\_\_ Boat Length: \_\_\_\_\_  
Primary Town of Anchorage: \_\_\_\_\_ State: \_\_\_\_\_

**Vessel Information:**

Registration/documentation # \_\_\_\_\_  
Vessel name: \_\_\_\_\_ Boat Length: \_\_\_\_\_  
Primary Town of Anchorage: \_\_\_\_\_ State: \_\_\_\_\_

**Vessel Information:**

Registration/documentation # \_\_\_\_\_  
Vessel name: \_\_\_\_\_ Boat Length: \_\_\_\_\_  
Primary Town of Anchorage: \_\_\_\_\_ State: \_\_\_\_\_

**Part E: Primary owner information required.**

**For Corporations or LLC's with six or fewer shareholders, please fill out the highest percentage. Please print legibly.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ % \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ % \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ % \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ % \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ % \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ % \_\_\_\_\_

**For Corporations/ LLC's with greater than six shareholders, please identify Agent's name that is listed on your corporation documents.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_, Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone # \_\_\_\_\_

**Instructions:**

Complete the information in **Part A** on the front of this form. Check license(s) requested in **Part B** and calculate the total fees. Fill out all appropriate supplementals on Page 2 and ensure that you have accounted for them on the front page in **Part B**. Fill out all applicable information in **Part C**. Must meet **residency requirements** under Title 12, Section 6301 if applying for Marine Worm Dealer license. **Certify your application with your signature in Part D.** Must fill in Primary owner information in **Part E**. This is MANDATORY. Only fill in **Part F** if you require one of the certificates/permits or tags. Enclose this document in an envelope along with a check or money order payable to **Treasurer, State of Maine** or fill out the section below for **credit card payments**, affix a stamp and put it in the mail. **We cannot accept applications by fax or phone.** If you have questions call (207) 624-6550.

**Mail to: Licensing Division, Department of Marine Resources, 21 State House Station, Augusta, ME 04333**

**PAYMENT INFORMATION:**

**Please make all checks payable to: Treasurer, State of Maine**

**Your check will be processed as an electronic funds transfer (EFT).**

☐ Please check this box if your bank does NOT accept EFT transactions so we can manually submit your check to the bank for processing. Please be aware that if an EFT transaction gets rejected by your bank, you will be responsible for the payment as well as a \$20.00 bank fee.

**Credit/debit card payments:** I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my  
VISA ☐ MasterCard ☐ Discover ☐ Debit card ☐

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
**MUST BE AS IT APPEARS ON CARD – PLEASE PRINT LEGIBLY AS THIS MAY AFFECT PROCESSING OF APPLICATION**

Card No. \_\_\_\_\_ CVV# \_\_\_\_\_ expiration date \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

*Your credit card or checking account will be charged for what you have applied for on this application.*

**Part F:****Business Name** \_\_\_\_\_**Landings #** \_\_\_\_\_**\*\*Shellfish Certificates and Permits**

	Quantity		Total
Shellstock Shipper	<input type="checkbox"/>	<input type="checkbox"/> \$50	_____
Shucker Packer	<input type="checkbox"/>	<input type="checkbox"/> \$50	_____
Reshipper	<input type="checkbox"/>	<input type="checkbox"/> \$50	_____
Depuration processor	<input type="checkbox"/>	<input type="checkbox"/> \$200	_____
Enhanced Retail	<input type="checkbox"/>	<input type="checkbox"/> \$100	_____
Wet Storage Permit, Flow through	<input type="checkbox"/>	<input type="checkbox"/> \$100	_____
Wet Storage Permit, Off Shore	<input type="checkbox"/>	<input type="checkbox"/> \$100	_____
Wet Storage Permit, Recirculating	<input type="checkbox"/>	<input type="checkbox"/> \$200	_____
Wet Storage Permit, Recirculating. Non-DMR Testing	<input type="checkbox"/>	<input type="checkbox"/> \$100	_____
Buying Station Permit	<input type="checkbox"/>	<input type="checkbox"/> \$100	_____
Bulk Tagging Permit	<input type="checkbox"/>	<input type="checkbox"/> \$50	_____

TOTAL ADDITIONAL COST \$ \_\_\_\_\_

**Additional Information** -If you are renewing any one of the above, please list the license number of the ones you are renewing \_\_\_\_\_. If you are obtaining an additional license (s) (new), please ensure that you have submitted the correct payment information.

For more information on whether you need to obtain these certificates or permits, please contact DMR at 207-633-9515

DEPURATION TAGS: Number seals requested \_\_\_\_\_