



DEALER WHOLESALE SEAFOOD (WITH LOBSTER)

License Year: **APRIL 1, 2025 TO MARCH 31, 2026**

(If you did not hold this license last year, this license will not be valid until **April 1, 2025**)



Part A: Applicant Information

LANDINGS# _____

Business Name: _____

Fed Employer ID or SS#: _____

If a corporate entity, you must fill out primary ownership information 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# _____ Fax# _____

Part B: Fishery Information

Wholesale applicants must answer questions 1-6 in Part C

Wholesale Seafood W/Lobster ^{ABMO} \$ 443 Primary Cost
Surcharge ^B +\$ 1,200

Total ☐ \$1,643

Wholesale Seafood Supp ^{AE} for each vehicle & facility

\$87 ea. X # _____ = \$ _____

ADD SURCHARGE ON TOTAL NUMBER OF SUPPLEMENTALS

Lobster Transportation ^F ☐ \$ 312 = \$ _____

If NOT applying for Wholesale Seafood with Lobster you must pay fee and \$1,200 surcharge ^B ☐ +\$ 1,200 = \$ _____

Total \$1,512

Lobster Trans Supp. ^{EF} for each vehicle

\$ 63 ea. X # _____ = \$ _____

Total # of supplemental for Wholesale & Lobster _____ **ADD**

SURCHARGE ON TOTAL NUMBER OF ALL SUPPLEMENTALS

SURCHARGE COSTS – These must be added to **ALL** wholesale supplemental **AND** Lobster Transportation Supplemental Licenses:

Up to 2 supplementals ☐ +\$ 600

3 to 5 Supplementals ☐ +\$1,200

6 or more supplementals ☐ +\$1,800

Total Cost of Wholesale & Transportation Licenses with Supplementals \$ _____

Lobster Processor ^H ☐ \$ 500 Primary Cost

Surcharge if < 1,000,000 lbs. raw ☐ +\$ 1,000

Product processed **Total** \$1,500

OR

Surcharge if > 1,000,000 lbs. raw ☐ +\$4,000

Product processed **Total** \$4,500

Total cost of Lobster Processor \$ _____

Lobster Meat Permit ^S ☐ \$ 159

Lobster Tails Only ^H ☐ \$ 159

RETAIL LICENSE, ENHANCED RETAIL & LIMITED HARV. CERTIFICATE FOUND ONLY ON THE

WHOLESALE NO LOBSTER, RETAIL, URCHIN, SHELLFISH, WORM DEALER, APP

GRAND TOTAL (INCLUDE SURGHARGES) \$ _____

NOTES:

A – You must buy a Wholesale Seafood license

B – Maine Lobster Marketing Collaborative Surcharge

E – An additional supplemental license is required for each additional place of business and/or vehicle being licensed

F – License allows transportation of lobsters beyond the state limits.

H – You must also buy a wholesale seafood w/Lobster license to obtain one of these facility-only licenses.

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

O – If handling oversized lobsters, please fill out Part C (2), and order # of tags on the back in Part E.

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

S – You must hold a wholesale seafood w/lobster 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 _____

PLEASE COMPLETE ONLY IF you are licensing a vehicle as the primary license on your Wholesale Seafood with Lobster or Lobster Transportation License

Please complete if licensing a vehicle: Is this vehicle owned _____ leased _____

rented _____ State of Registration _____

Registration (Plate)# _____ Make _____

Vehicle ID No _____

Model _____ Year _____ Color _____

ALL QUESTIONS BELOW MUST BE ANSWERED

1. Do you buy or intend to buy any marine species from harvesters (fishermen)? ^M Yes ☐ No ☐

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

2. Lobster Import/Export Permit Yes ☐ No ☐

If yes, your license will reflect a Reconsignment Permit. To order tags see Part E.

3. If you are a harvester using your own product under the dealer license, you must select yes - your license will reflect a primary buyer permit (PBP) ^M

Yes ☐ No ☐

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

Dogfish ^M (purchased from harvesters) Yes ☐ No ☐

Black Sea Bass ^M (purchased from harvesters) Yes ☐ No ☐

Herring ^M (purchased from harvesters) Yes ☐ No ☐

Shrimp ^M (purchased from harvesters) Yes ☐ No ☐

Scallop ^M (purchased from harvesters) Yes ☐ No ☐

(Dogfish permit must be purchased by April 15th)

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 # _____

**CHECK WHETHER THE SUPPLEMENTALS ARE FOR WHOLESALE OR LOBSTER -
PLEASE COMPLETE IF LICENSING ADDITIONAL
SUPPLEMENTAL VEHICLES**

Check below whether the supplemental licenses are for Wholesale or Lobster Transportation. If the same vehicle is being used for both, please check both areas and ensure you have purchased a supplemental license on the front page of this application for each vehicle & license. Include the SURCHARGE FEE within the Grand Total.

Wholesale suppl. _____ Lobster Transportation suppl. _____
Is this vehicle owned _____ leased _____ rented _____ State: _____
Registration (Plate) # _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale suppl. _____ Lobster Transportation suppl. _____
Is this vehicle owned _____ leased _____ rented _____ State: _____
Registration (Plate) # _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale suppl. _____ Lobster Transportation suppl. _____
Is this vehicle owned _____ leased _____ rented _____ State: _____
Registration (Plate) # _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale suppl. _____ Lobster Transportation suppl. _____
Is this vehicle owned _____ leased _____ rented _____ State: _____
Registration (Plate) # _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale suppl. _____ Lobster Transportation suppl. _____
Is this vehicle owned _____ leased _____ rented _____ State: _____
Registration (Plate) # _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale suppl. _____ Lobster Transportation suppl. _____
Is this vehicle owned _____ leased _____ rented _____ State: _____
Registration (Plate) # _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale suppl. _____ Lobster Transportation suppl. _____
Is this vehicle owned _____ leased _____ rented _____ State: _____
Registration (Plate) # _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale suppl. _____ Lobster Transportation suppl. _____
Is this vehicle owned _____ leased _____ rented _____ State: _____
Registration (Plate) # _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale suppl. _____ Lobster Transportation suppl. _____
Is this vehicle owned _____ leased _____ rented _____ State: _____
Registration (Plate) # _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale suppl. _____ Lobster Transportation suppl. _____
Is this vehicle owned _____ leased _____ rented _____ State: _____
Registration (Plate) # _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

**PLEASE COMPLETE IF LICENSING
SUPPLEMENTAL FACILITIES OR VESSELS**

Check below whether the supplemental licenses are for additional facilities and ensure you have included the cost for the supplemental license on the front page of this application for each facility—along with the SURCHARGE FEE.

(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.

Street _____

Town _____ Zip code _____

Federal Permit # _____

(If different from mailing address.)

Street _____

Town _____ Zip code _____

Federal Permit # _____

(If different from mailing address.)

Street _____

Town _____ Zip code _____

Federal Permit # _____

(If different from mailing address.)

Street _____

Town _____ Zip code _____

Federal Permit # _____

(If different from mailing address.)

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 _____, Phone # _____

Part E – Reconsignment for Oversized Lobsters:

Plastic Truck Seals (sealing the outside of the truck)
Number seals requested _____ x \$0.20 each Total _____

Plastic Zip Tie Crate Seals (sealing lobster crates)
Number seals requested _____ x \$0.20 each Total _____

Orange Waterproof paper seals (Shipping tags-for alternative boxes, i.e., Styrofoam)
Number seals requested _____ x \$0.10 each Total _____
All plastic seals and waterproof paper seals may be ordered in groups of 100 – not to exceed 1000.

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 applicable information in **Part C**. **Certify your application with your signature in Part D. Complete Part E if you are requesting a Lobster Import/Export Permit (Reconsignment for oversized lobsters).** 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 (option 2)

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**

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

TOTAL ADDITIONAL COST \$ _____

For more information on whether you need to obtain the above certificates or permits, please contact DMR Public Health and Aquaculture at: 207-633-9515, for all other general licensing questions please contact DMR Licensing at 207-624-6550, Option 2

DEPURATION TAGS: Number seals requested _____