AQUACULTURE LEASE ASSIGNMENT
APPLICATION

APPLICATION INSTRUCTIONS

- Before completing the application, please make sure you have reviewed the information about lease assignments at: https://www.maine.gov/dmr/aquaculture. Information is posted under "Announcements."

- Before submitting your application make sure you have answered all questions clearly and completely and included all the necessary documentation. Incomplete applications may not be considered for assignment.

- The application must be received by the deadline specified in the notice. Late submissions will not be accepted.

- If you have questions about the application, please email DMRAquaculture@maine.gov

LEASE ASSIGNMENT APPLICATION

A. CONTACT PERSON

Name of Applicant:	**Butterfield Shellfish LLC**
Contact Person:	**Nate Ingersoll**
Email:	**nate@butterfieldshellfish.com**
Telephone:	**(207)-274-9161**

B. MAILING ADDRESS

Street Address:	**176 royal road**
City:	**North Yarmouth**
State:	**ME**
Zip Code:	**04097**

C. PHYSICAL ADDRESS

☑ Same as mailing address

Street Address:	
City:	
State:	
Zip Code:	

E. LEASE INFORMATION

Lease Acronym:	**CAS MI**
Date Lease Expires:	**12/5/2028**
Acreage:	**2.72**
Town:	**Yarmouth**

F. CURRENT LEASE HOLDINGS

Does the applicant hold any other leases in Maine?
☐ Yes ☑ No

If “Yes”, complete the table below to list all leases held by the applicant and provide total acreage.

Lease Acronym	**Acreage**

Total Acreage	

G. TECHNICAL CAPABILITY

a. What type of aquaculture site(s) has the applicant operated? Select all that apply.	Provide the acronym for each respective site(s)	How many years has the applicant operated the site?
☐ Have not operated any site(s)		
☐ Limited Purpose Aquaculture (LPA) licenses		
☑ Experimental Lease(s)	CASElmx CASMIx	5
☑ Standard Lease	CASMI (formerly CASMIx)	5

b. How many total years of experience does the applicant have operating aquaculture site(s)?

☐ No experience
☐ 1 year or less
☑ 2-5 years
☐ 6-10 years
☐ 11 years or more

c. What types of aquaculture cultivation techniques does the applicant have experience with? Select all that apply.

☐ No experience
☑ Free planting (no gear)
☑ Bottom gear (gear that sits on substrate)
☐ Suspended gear (gear within the water column, below the surface of the water) ☑ Floating gear (gear that sits on the surface of the water)

d. List all species the applicant has experience cultivating.

Eastern Oyster

H. PUBLIC HEALTH AND SAFE HANDLING OF SHELLFISH

a. Does the applicant hold a current vibrio certification?	☑ Yes ☐ No
b. If "yes" list the full name of the individual who holds the certification.	**Nathan T Ingersoll**

c . To comply with the National Shellfish Sanitation Program (NSSP) Model Ordinance (MO), DMR is requiring that all leases for the suspended culture of shellfish include a description of mitigation or deterrent measures to minimize the potential pollution impacts of birds at the site. Use the space below to list your mitigation or deterrent measures.
Product ready for market will be transferred to LPAs offsite and submerged at a depth of roughly 20ft MLT for a minimum of 2 weeks prior to harvest.

I. PROPOSED LEASE ASSIGNMENT

a. Describe how the applicant will develop, operate, and maintain the site over the remainder of the lease term.
Butterfield Shellfish LLC was operating this lease for previous lease holder Keith Butterfield. We would continue to operate the site to culture eastern oysters as we were when Keith owned the business.

b. How will the applicant ensure they are operating the site in compliance with the existing terms and conditions governing the lease area?
As operators of the site under previous leaseholder Keith Butterfield we are familiar with the existing terms and will continue to remain in compliance.

c. Explain why this proposal represents the best use of the lease area.
Our business has been operating the site through LPAs, experimental, and standard leases for the past 12 years. Our team is experienced and committed to stewardship of our shared natural resources and cooperation with other users. We plan to use this site for surface culture while we go through the application process for a new standard lease.

d. How does this proposal support economic development, workforce opportunities, or other public benefit?
This lease proposal would provide us the space to bring roughly 300,000 oysters to market per year. This would aid in supporting the 3 full time and two part time positions created by our farm. Production from this lease would also benefit numerous seafood distribution companies local to our area as well as the restaurants that they supply.

e. Provide cost estimates of the aquaculture activities over the course of the remaining lease term.	
Annual Lease Rent	$272.00
Annual DMR License Fees	$133.00
Annual cost to maintain the bond or commitment cost for the escrow account	We intend to maintain a bond for $150 per year
Annual Equipment Costs	Roughly $200,000.00

Annual Maintenance Costs	$5,000.00

J. RIPARIAN LANDOWNER NOTIFICATION

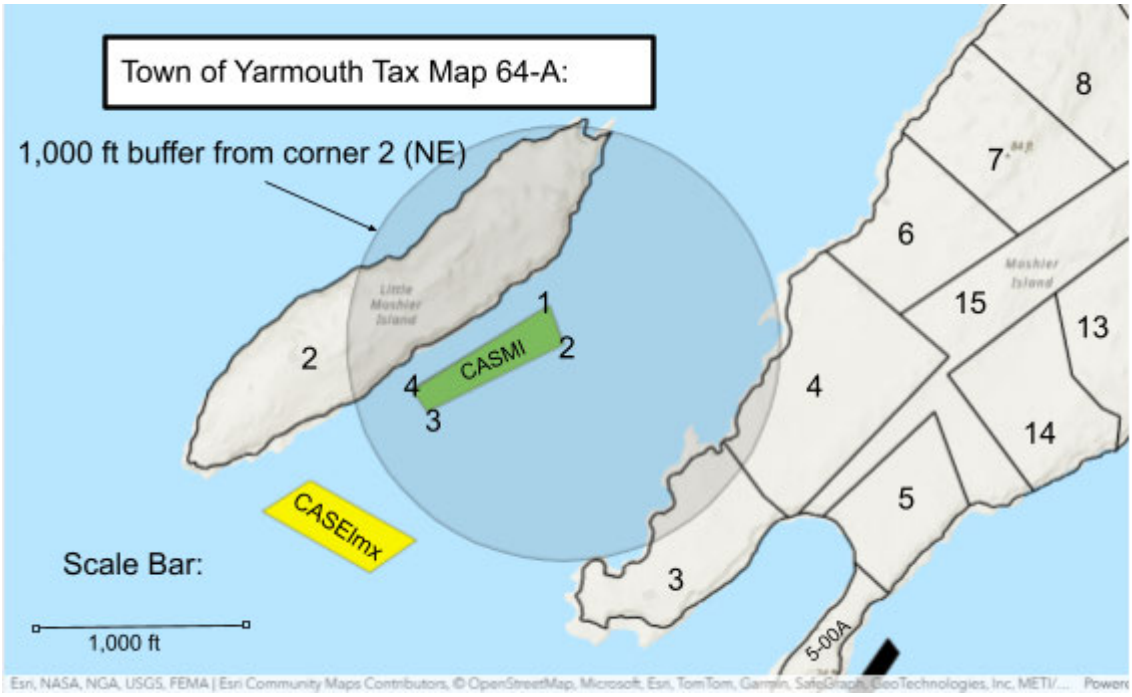
Is the lease within 1,000 feet of shorefront land (which extends to mean low water or 1,650 feet from shore, whichever is less, according to NOAA charts).	☑ Yes ☐No

If yes, please submit the following:

☑ Include a completed riparian landowner list. If the site is in more than one municipality, you need to submit separate lists for each town/city.

☑ Make sure the list is certified by the municipality. The person certifying the list on behalf of the municipality should review the tax records and is typically the town clerk, tax assessor, or other individual familiar with these records.

☑ Include a labeled tax map that displays the: town name, parcels numbered clearly, legible scale, and boundaries of the proposed lease site.



RIPARIAN LANDOWNER LIST

*THIS LIST MUST BE **CERTIFIED** BY THE TOWN CLERK*

On this list, please include the map number, lot number, and the current owners' names and mailing addresses for all shorefront parcels within 1,000 feet of the lease site. It is the applicant's responsibility to assemble the information for the Town Clerk to certify. The Town Clerk *only* certifies that the information is correct according to the Town's records. Once you have completed the form, ask the Town Clerk to complete the certification section below. If riparian parcels are located within more than one municipality, provide a separate tax map and certified riparian list for each municipality.

TOWN OF: Yarmouth

MAP #	LOT #	Landowner name(s) and address(es)
64	2	Scott and Clare Lebreque 18 Brookside Drive Falmouth, ME 04105
64	3	John and Jennifer Nolan 382 Falmouth Road Falmouth, ME 04105
64	4	Owner: Ahrens Philip F W III Co Owner: Josephine M C 97 COUSINS STREET Yarmouth, ME 04096
64	15	HARRIMAN, CHARLES P. and THOMAS, INGRID M. 98 FIELD RD Falmouth, ME 04105

Please use additional sheets if necessary and attach hereto.

CERTIFICATION

I, Lisa Grant, Town Clerk for the Town of Yarmouth, certify that the names and addresses of the property owners listed above, as well as the map and lot numbers, are those listed in the records of this municipality and are current as of this date.

SIGNED: Lisa M. Grant **DATE:** 6/16/26

K. SIGNATURES AND CERTIFICATION

Every listed applicant needs to complete and include a copy of this form with the submission. If the applicant is a company, this needs to be completed and signed by a person authorized to make such certifications and submissions on behalf of the company.

Please read and check each box confirming understanding

☑I have read DMR's aquaculture laws and regulations and will comply with those provisions.

☑I have read the lease assignment instructions posted to DMR's website.

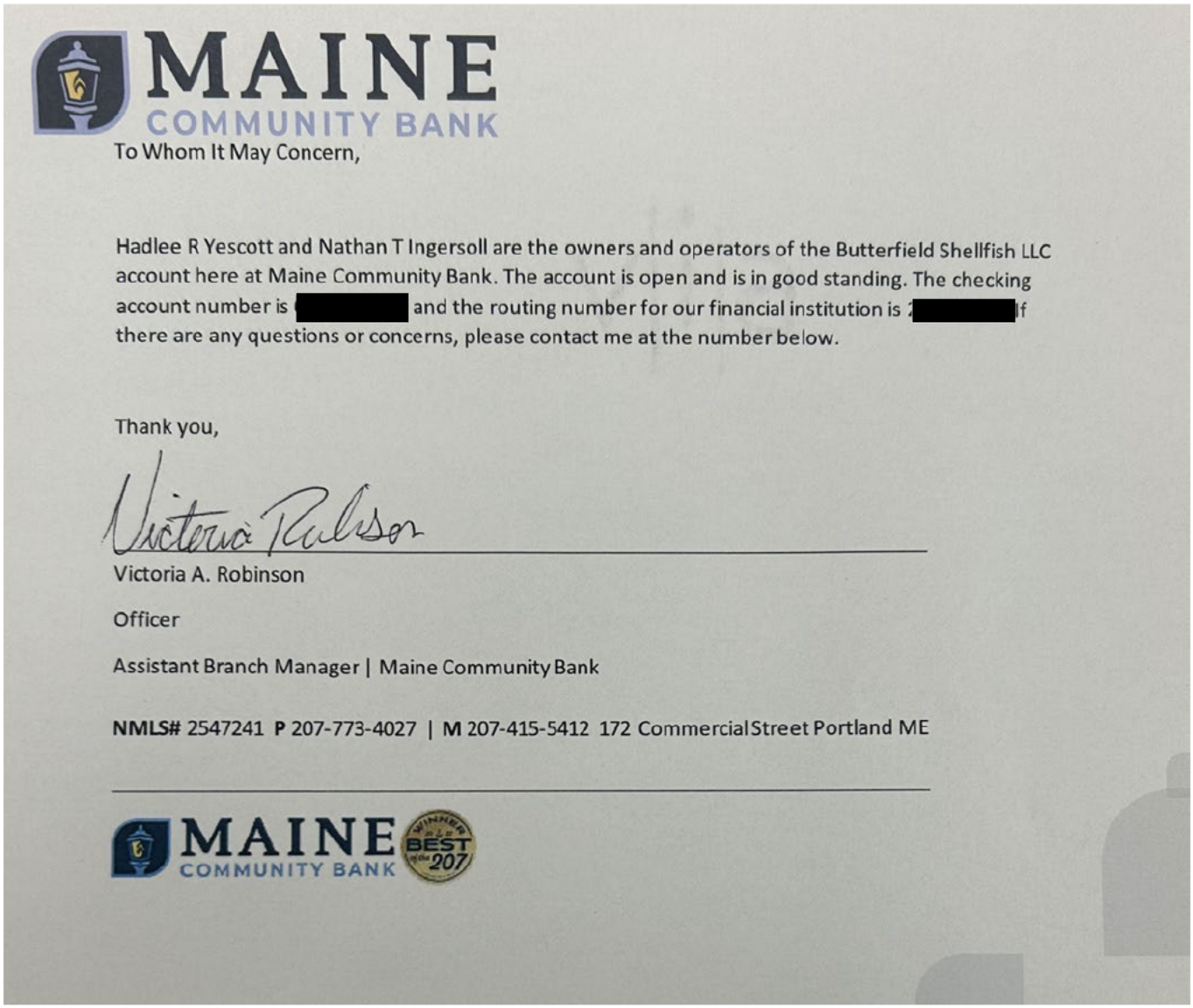
☑I understand that it is my responsibility to ensure that my application submission is complete. I understand that an incomplete application submission may result in the proposal not being selected for assignment.

☑I understand that falsifying any information in this application will result in termination of the application or other enforcement action.

Printed Name	**Nathan Ingersoll**
Signature	
Date	**6/17/2026**

L. REQUIRED SUPPLEMENTAL MATERIALS

☑Include a letter from a financial institution stating that you have an account in good standing. If there are multiple applicants, each applicant needs to submit a letter. Please note that applications are public documents and are reviewed by a variety of stakeholders. Do not include sensitive financial information.



MAINE COMMUNITY BANK

To Whom It May Concern,

Hadlee R Yescott and Nathan T Ingersoll are the owners and operators of the Butterfield Shellfish LLC account here at Maine Community Bank. The account is open and is in good standing. The checking account number is [redacted] and the routing number for our financial institution is [redacted] If there are any questions or concerns, please contact me at the number below.

Thank you,

Victoria Robinson

Victoria A. Robinson

Officer

Assistant Branch Manager | Maine Community Bank

NMLS# 2547241 **P** 207-773-4027 | **M** 207-415-5412 172 Commercial Street Portland ME

MAINE COMMUNITY BANK

☑If the applicant is a company, then the corporate applicant form needs to be completed and included with this proposal. The corporate applicant form is available at: https://www.maine.gov/dmr/aquaculture/applications-and-forms/standard-lease-applications-and-forms

CORPORATE APPLICANT FORM
For Standard and Experimental Aquaculture Lease Applications

Corporations or partnerships that apply for aquaculture leases in the State of Maine must complete this form. Corporations must submit information as requested under A. Corporate Applicant. Partnerships must submit information as requested under B. Partnership Applicant.

A. Corporate Applicant
Note: You must attach a copy of the Articles of Incorporation (Inc.) or Certificate of Formation (LLC) to your application.

1. Name of Corporation: _____Butterfield Shellfish LLC_____

2. Date of incorporation: _____7/10/2014_____ State of incorporation: ___ME_____

3. List the names, addresses, and titles of all officers:

Name	**Address**	**Title**
Nate Ingersoll	176 royal road North Yarmouth, ME 04097	Owner/Farm Manager
Hadlee Yescott	39 Kelley Street South Portland, ME 04106	Owner/Farm Manager

Please use additional sheets if necessary and attach to the application.

4. List the names and addresses of all directors/members:

Name	**Address**
Nate Ingersoll	176 royal road North Yarmouth, ME 04097
Hadlee Yescott	39 Kelley Street South Portland, ME 04106

Please use additional sheets if necessary and attach to the application.

5. Has the corporation, or any stockholder, director, or officer applied for an aquaculture lease for Maine lands in the past? ☐ Yes ☑ No

If you selected "yes," please indicate who applied for the lease and the status of the application or lease:

6. List the names and addresses of all stockholders who own or control at least 5% of the outstanding stock and the percentage of outstanding stock currently owned or controlled by each stockholder.

Name	**Address**	**Percentage of Owned Stock**
Hadlee Yescott	39 Kelley Street South Portland, ME 04106	50%
Nate Ingersoll	176 Royal Road North Yarmouth, ME 04097	50%

Please use additional sheets if necessary and attach to the application.

7. List the names and addresses of stockholders, directors, or officers owning an interest, either directly or beneficially, in any other Maine aquaculture leases, as well as the quantity of acreage from existing aquaculture leases attributed to each such person based on the percentage of owned stock listed in question 6. If none, write, "None."

Name	**Address**	**Lease Acronym**	**Acreage**
None			

Please use additional sheets if necessary and attach to the application.

8. Has the corporation or any officer, director, member, or shareholder listed in item 5 above ever been arrested, indicted, convicted of, or adjudicated to be responsible for any violation of any marine resources or environmental protection law, whether state or federal?

☐ Yes ☑ No

If you selected "yes", please provide details:

MAINE
LIMITED LIABILITY COMPANY

STATE OF MAINE

CERTIFICATE OF FORMATION

File No. 20150128DC Pages 2
Fee Paid $ 175
DCN 2141957900013 DLLC
-----FILED----------
07/11/2014

Julie L Flynn
Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 MRSA §1531, the undersigned executes and delivers the following Certificate of Formation:

FIRST: The name of the limited liability company is:

Butterfield Shellfish, LLC

(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c" – see 31 MRSA 1508.)

SECOND: Filing Date: (select one)

☑ Date of this filing; or
☐ Later effective date (specified here): _____

THIRD: Designation as a low profit LLC (Check only if applicable):

☐ This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here:

A. The company intends to qualify as a low-profit limited liability company;

B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;

C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and

D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

FOURTH: Designation as a professional LLC (Check only if applicable):

☐ This is a professional limited liability company* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:

_____
(Type of professional services)

FIFTH: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

☐ Commercial Registered Agent CRA Public Number: _____

_____
(Name of commercial registered agent)

☑ Noncommercial Registered Agent

Kevin Butterfield
(Name of noncommercial registered agent)

142 High Street, Suite 521, Portland, ME 04101
(physical location, not P.O. Box – street, city, state and zip code)

_____
(mailing address if different from above)

SIXTH: Pursuant to 5 MRSA §105.2, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

SEVENTH: Other matters the members determine to include are set forth in the attached Exhibit _____, and made a part hereof.

****Authorized person(s)** **Dated** 07/10/2014

_____ Kevin Butterfield
(Signature of authorized person) (Type or print name of authorized person)

_____ _____
(Signature of authorized person) (Type or print name of authorized person)

*__Examples__ of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7)

Pursuant to 31 MRSA §1676.1.A, Certificate of Formation **MUST be signed by at least one authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: **Secretary of State**
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: **(207) 624-7752** Email Inquiries: CEC.Corporations@Maine.gov

Form No. MLLC-6 (2 of 2) Rev. 10/31/2012

M. SUBMISSION INSTRUCTIONS

• Applications can only be submitted via mail **or** email to the address below. •

If the application is submitted via email it must be as a single PDF.

• Applications must be received by the deadline listed in the assignment notice. Late submissions are not accepted.

If sending via U.S. Postal Service:	If sending via email:	If sending by FedEx, UPS or other carrier service:
DEPARTMENT OF MARINE RESOURCES ATTN: Aquaculture Division 21 State House Station Augusta, Maine 04333-0021	DMRAquaculture@maine.gov	DEPARTMENT OF MARINE RESOURCES ATTN: Aquaculture Division 32 Blossom Lane Augusta, Maine 04333