LAND-BASED AQUACULTURE
LICENSE APPLICATION

Application Description: This is an application form for a land-based aquaculture (LBA) license for facilities that are culturing **marine** organisms.

Application Instructions: Before you apply, please review the application instructions hosted on the Department of Marine Resources (DMR)'s website: https://www.maine.gov/dmr/aquaculture/land-based-aquaculture

REMINDERS:

- The instructions need to be reviewed prior to filling out this application. Failure to follow the instructions will result in processing delays.
- If your license is granted, inspections of your LBA facility by DMR will happen annually.
- If the operations are for the culture of any freshwater species, please contact the Maine Department of Inland Fisheries and Wildlife (MEIFW) as they permit facilities for freshwater species. Do not include any freshwater species on this application as it is for marine organisms only.
- It is illegal to import or introduce any live marine organisms from beyond Maine's borders, or from certain areas within Maine, without a permit from DMR. If your plans include the import or introduction of any live marine organisms, please contact DMR Pathology at DMRpathology@maine.gov
- If you intend to culture shellfish, all practices at your facility must be consistent with National Shellfish Sanitation Program (NSSP) requirements that pertain to land-based aquaculture.

Application Submission:

If sending via U.S. Post Office:	If sending via email:	If sending by FedEx, UPS or other overnight 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

DMR Communication and Response: Email is the method of contact DMR will utilize to communicate with you about the application. Please monitor your email and provide the requested information in a timely manner. If you require special accommodation, please call 207-350-7815.

Third-Party Correspondence: Some applicants may have a third-party assist them with the application on their behalf and communicate with DMR about the status of the proposal, revisions, etc. In those cases, you will be required to complete a communication consent form. Please complete the consent form posted on the aquaculture webpage at the link below and include it with your application.
https://www.maine.gov/dmr/aquaculture/resources-for-growers

LAND-BASED AQUACULTURE (LBA) APPLICATION

1. APPLICANT INFORMATION

A. CONTACT PERSON

Legal Name of Applicant(s):	
Contact Person:	
Email:	
Telephone:	

B. PHYSICAL ADDRESS OF FACILITY

Street Address:	
City:	
State:	
Zip Code:	

C. MAILING ADDRESS

☐ Same as physical address

Street Address:	
City:	
State:	
Zip Code:	

2. BIVALVE SHELLFISH

1. Does the facility intend to culture bivalve shellfish?
☐ Yes ☐ No
2. If yes to #1, will the bivalve shellfish be sold directly from the facility for human consumption?
☐ Yes ☐ No
3. If no to #2, I acknowledge that the facility is not going to sell any bivalve shellfish product for human consumption.
☐ Yes, I am confirming that the facility is not going to sell any bivalve shellfish product for human consumption.

2A. ONLY FOR FACILITIES THAT ARE CULTURING BIVALVE SHELLFISH FOR HUMAN CONSUMPTION

If this does not apply to your facility, proceed to section 3, Proposed Operations.
If this does apply to your facility, complete section 2A, and then proceed to section 3.

1. What procedures does the facility have in place to ensure that no poisonous or deleterious substances are introduced? Include the safe locations for toxic substances and plans for cleaning. Shellfish operations must follow NSSP guidelines.
2. Describe the collection of data concerning the quality of production and provide a description of the algae growing processes and system design.
3. Describe the facility's procedure for U.S. FDA, Hazard Analysis and Critical Control Points (HACCP) and Sanitation Standard Operation Procedures (SSOP) paperwork.
4. Describe how the facility will maintain record keeping of the required records and how the facility will archive the records.
5. If applicable, provide details of the Recirculating Aquaculture System (RAS) and the use for a closed loop arrangement. Include the components used for filtration and the location of the components in the recirculating flow path. If UV, what is the wattage of each bulb and/or total?
6. I understand that the facility must have a program to maintain water quality. The water temperature will be measured daily using a calibrated thermometer. The salinity will be measured weekly (the bacterial indicator monitored shall be the same as used for monitoring growing areas).
☐ Yes
7. I understand that monthly water test results must be emailed to DMR at DMRPublicHealthDiv@maine.gov.
☐ Yes

8. I understand DMR will conduct their own water quality samples on a quarterly basis.
☐ Yes
9. I understand that the facility needs to do their own monthly fecal coliform enumeration samples and records need to be kept.
☐ Yes
10. I understand that I need to include a bird's eye view plan of the facility depicting the plumbing and tanks, including associated measurements.
☐ Yes
11. Only certified shellfish dealers may conduct wet storage with a wet storage permit. If there is wet storage in addition to the LBA activities, will the bivalve shellfish be separated from the rest of the stock?
☐ Yes ☐ No ☐ N/A
12. Is the applicant a certified shellfish dealer?
☐ Yes ☐ No
13. If yes, provide the certification number.
14. Mark the water system that applies to the facility.
☐ Flow through ☐ Recirculating (closed loop)
15. If the system is flow through, provide the growing area designation and classification. If you are proposing to grow bivalve shellfish in waters classified as anything other than open/approved, you must contact: DMRPublicHealthDiv@maine.gov
a. Growing area designation:
b. Check the growing area classification below. ☐Approved ☐Conditionally Approved ☐Restricted ☐Conditionally Restricted ☐Prohibited

3. PROPOSED OPERATIONS

1. Provide the final disposition of product from the facility. Check all that apply.
☐ Sold directly (wholesale or retail sales) for human consumption ☐ Sold as seed ☐ Used on an aquaculture/lease site ☐ Other (please specify)
2. Identify the system that best describes the facility. Check all that apply.
☐ Recirculating Aquaculture System (RAS) ☐ Flow-through ☐ Flow-through and recirculating ☐ Other (please specify)

3. What biosecurity features are present at the facility? Check all that apply.

☐ Treatment &/or filtration of intake water (Describe):
☐ Facility is closed to the public
☐ Visitors must sign in to access the facility
☐ Staff have footwear specific to this facility
☐ Equipment stays in the facility at all times
☐ Equipment undergoes disinfection between lots of organisms
☐ Lots of organisms are clearly identified or labeled while in the facility
☐ Shellfish: Lots are checked a minimum of every 2 weeks to remove dead organisms
☐ Finfish: Lots are checked daily to remove dead organisms
☐ Lots are screened annually with pathology testing to check for pathogens
☐ Dead organisms are disposed of into landfill or compost
☐ Quarantine room or system (Describe):

4. What containment measures are present for organisms? Select all that apply.

☐ Nets or lids over the tanks
☐ Primary containers that hold the organisms lie in a secondary water bath
☐ Stand-pipes are the main drain for containers
☐ Organisms are held in sealed containers
☐ Effluent drains have screens, grates, or other physical measures to catch organisms
☐ Other (please specify)

5. What is the anticipated annual production (in pounds)?

4. WATER SOURCE

1. What is the origin of the facility's water source? Check all that apply.

☐ Public water supply
☐ Well water
☐ Aquifer
☐ Coastal waters of the State
☐ Fresh waters of the State
☐ Other (please specify)

2. If the origin of the water source is coastal waters of the State, what is the current growing area designation and classification?

a. Growing area designation:

b. Check the growing area classification below.

☐Approved
☐Conditionally Approved
☐Restricted
☐Conditionally Restricted
☐Prohibited

3. If the origin of the water source is a public water supply, provide the name of the water source.

4. If the origin of the water source is well water drawn from an aquifer, coastal waters, fresh waters, or other; provide the coordinates of the water source using the following format: Decimal Degrees (43.123456 N, -69.123456 W)

Latitude	**N**	**Longitude**	**W**

5. WATER INTAKE

1. Identify any treatments the facility will be using on intake water. Check all that apply.
☐ Solids filtration (please list the size of screens) ☐ UV ☐ Ozonation ☐ Chlorination ☐ None ☐ Other (please specify)
2. What is the dosage of the identified treatments? Include the units of measurements. (Ex: UV mJ/cm2, Ozone Contact Time or mg x min/L, chlorination ppm at 2 hours post treatment)
3. Provide the coordinates of the facility's intake pipes (if applicable) using the following format: Decimal Degrees (43.123456 N, -69.123456 W).

Latitude	**N**	**Longitude**	**W**

6. WATER DISCHARGE

1. Does the water leave, or discharge, the facility at any time?
☐ Yes ☐ No

6A. ONLY FOR FACILITIES THAT DISCHARGE WATER.

If this does not apply to your facility, proceed to section 7, Species and Source of Stock.
If this does apply to your facility, complete section 6A, and then proceed to section 7.

1. Identify where the water is discharged. Check all that apply.
☐ Private septic/leach field ☐ Publicly owned treatment works ☐ Waters of the State ☐ Other (please specify)
2. What is the facility's anticipated daily discharge in gallons per day (GPD)?
3. Provide the coordinates of the facility's discharge pipes (if applicable) using the following format: Decimal Degrees (43.123456 N, -69.123456 W).

Latitude	**N**	**Longitude**	**W**

4. Identify any effluent treatments the facility will be using. Check all that apply.

☐ Solids filtration (please list the size of screens) ☐ UV ☐ Ozonation ☐ Chlorination ☐ None ☐ Other (please specify)
5. What is the dosage of the identified effluent treatments? Include the units of measurements. (Ex: UV mJ/cm2, Ozone Contact Time or mg x min/L, chlorination ppm at 2 hours post treatment)

7. SPECIES AND SOURCE OF STOCK

Please use the applicable tables below to list all species you intend to cultivate at the facility.

7A. SOURCE OF STOCK: APPROVED SHELLFISH HATCHERY OR NON-SHELLFISH STOCK LIST

If you are sourcing from an approved hatchery or entity included on the non-shellfish stock list (maintained by DMR), please use the table below.

	Common Name	Latin Name	Source
1.			
2.			
3.			

7B. SOURCE OF STOCK: OTHER AQUACULTURE SITE(S)

If you are sourcing from another aquaculture site in coastal waters, please complete the table below.

	Common Name	Latin Name	Aquaculture Site ID	Water Body
1.				
2.				
3.				

7C. SOURCE OF STOCK: WILD STOCK

If you are collecting marine organisms from Maine's coastal waters for deployment at the facility complete the table below.

	Common Name	Latin Name	Water Body Collected From	Name of Licensed Harvester
1.				
2.				
3.				

8. ACKNOWLEGEMENT AND SIGNATURE PAGE

Every listed applicant needs to complete and include a signed 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 attached a bird's eye view plan the facility depicting the plumbing and tanks, including associated measurements.

☐ If a corporate applicant, I have attached a copy of the Articles of Incorporation or Formation, filed with the Maine Secretary of State demonstrating that the corporation is a legal entity.

☐ I understand that the transfer of live product, embryos, and gametes into my facility from sources within the State may require a transfer permit from DMR.

☐ I understand that importation of live product, embryos, and gametes into the State of Maine requires an importation permit from DMR.

☐ I understand that termination, revocation, or non-renewal of any other necessary permits specific to this facility that may be issued by a municipality, state or federal agency will result in the immediate voiding of this license.

☐ I understand that the transfer of live product, embryos, and gametes from my facility to other facilities or to private or public waters of the State may require a transfer permit from DMR.

☐ I understand that the licensee must keep all invoices of live or processed product sold and purchased and have them available for inspection by the Commissioner or an authorized agent.

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

☐ I read the license application instructions. I will follow the instructions and provide any requested information in a timely manner.

Applicant's Printed Name	
Applicant's Signature	
Date	

FOR DMR USE ONLY	
APPROVED BY:	
Name	
Signature	
Title	
Date	