



## Maine Department of Marine Resources APPLICATION FOR A Land Based Aquaculture License

### APPLICATION INSTRUCTIONS

To apply for a Land Based Aquaculture license, please complete the form below. Mail or email your completed form to:

Department of Marine Resources  
Aquaculture Division  
c/o Maria Eggett  
21 State House Station  
Augusta, Maine 04333-0021  
Maria.Eggett@maine.gov

**For full consideration, regardless of what species you intend to culture, you must also submit a copy of your operations plan.** Operations plans may be submitted with this application via mail or email.

In addition to your operations plan, you may include drawings or additional information you feel would be helpful for the Department to have as we review your application.

Please note-, 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 The Maine Department of Marine Resources. If you are in need of such a permit, please complete the appropriate application (found on DMR's website here: <https://www.maine.gov/dmr/aquaculture/forms/additionalforms.html>).

Amanda Ellis (Amanda.Ellis@maine.gov) is the point of contact for all import or introduction permit questions.

If you have any questions about this application, please contact Maria Eggett at 207-441-3770 or maria.eggett@maine.gov.

\*For the cultivation of freshwater species, please contact Maine's Department of Inland Fisheries and Wildlife at 207-287-5262 [https://www.maine.gov/ifw/docs/fish\\_cultivation\\_app.pdf](https://www.maine.gov/ifw/docs/fish_cultivation_app.pdf)

## 1. CONTACT INFORMATION

Name of Applicant/Company/Facility	
Contact Person (if different from above)	
Email	
Phone Number	
Physical Address of Land Based Facility	
Mailing Address (if different)	

*Note: The email address you list here will be the primary means by which we will contact you. Please provide an email address checked regularly. If you do not use email, please leave this blank.*

## 2. PROPOSED OPERATIONS

In the following section, please provide as much detail as possible about your proposed operations.

Identify the type of operation (check all that apply)
<input type="checkbox"/> Commercial
<input type="checkbox"/> Recreational
<input type="checkbox"/> Education
<input type="checkbox"/> Hatchery or Nursery
<input type="checkbox"/> Research
<input type="checkbox"/> Other (please specify)

## SPECIES INFORMATION

Do you intend to culture bivalve shellfish? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please complete the table below and add additional rows as needed.

Name of species to be cultivated (include both common and scientific names):	Name and address of the source of seed stock, juveniles, smolts, etc., to be cultivated:
1.	

2.	
3.	
4.	

**Note:** For any land-based applicant that intends to culture shellfish, if your license is approved, you will be subject to the regulations of the National Shellfish Sanitation (NSSP) Model Ordinance, Chapter 5, and you must have an operations plan. Details of what must be covered by an operations plan in order to comply with NSSP requirements can be found here: <https://www.fda.gov/food/federalstate-food-programs/national-shellfish-sanitation-program-nssp>

If you have questions about the NSSP or public health concerns regarding land based aquaculture operations, please contact: [DMRPublicHealthDiv@maine.gov](mailto:DMRPublicHealthDiv@maine.gov)

**Regardless of what species you intend to culture, you must submit a copy of your operations plan (a draft is fine) with this application.**

Please summarize your proposed land-based operations. Provide step-by-step information that details your plan for operations from seed/juvenile introduction to completion/market.

Please describe your land-based facility.

Provide descriptions using words such as indoor, outdoor, open to the public, academic institution, laboratory, controlled access, bio-secure, Recirculating Aquaculture System (RAS), aquaponic, biofloc, discharge dependent, located away from surface waters of the State, located adjacent to surface waters of the State, etc.

Describe the water source for your facility.

As appropriate, include terms such as municipal, well water, deep aquifer, shallow aquifer, fresh water, marine water, artificial saltwater, pond water, lake water, river water, trucked water, pumped and piped, UV treated, filtered, ozonated, and untreated.

What is your anticipated annual production (in pounds)?

Provide anticipated production at full scale. Provide anticipated figure or; less than 20,000 lbs., less than 100,000 lbs. or greater than 100,000 lbs.

### 3. DISCHARGE AND TREATMENTS

Use the checkboxes below to identify your discharge type:
<input type="checkbox"/> Zero Water Discharge <input type="checkbox"/> Aquaponics <input type="checkbox"/> Private septic/leach field <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Surface waters of the state <input type="checkbox"/> Other
Please provide any additional relevant details about your discharge. For example, what waterbody or public owned treatment works will your facility discharge go to?
Use the checkboxes below to identify any effluent/discharge treatments you will be using.
<input type="checkbox"/> Solids filtration <input type="checkbox"/> UV <input type="checkbox"/> Ozone <input type="checkbox"/> Chlorine <input type="checkbox"/> Other
Please provide any additional relevant details about discharge treatments. What is your filtration level? What dosage of any identified treatments you will be using?
What is your anticipated daily discharge?
Please note the anticipated discharge volume at full scale. Provide anticipated figure or one of the following: zero water discharge, less than 25,000 GPD, or greater than 25,000 GPD.

Do you have a DEP discharge permit?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Application submitted
If yes, provide the number and expiration date, and submit a copy of your permit with this application.
Do you have an industrial user permit from your POTW?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Application submitted
If yes, provide the number and expiration date, and submit a copy of your permit with this application.

#### 4. APPLICANT SIGNATURE PAGE

Do you understand that the transfer of live product, embryos, and gametes into your facility from sources within the State may require a transfer permit from DMR?
<input type="radio"/> Yes <input type="radio"/> No
Do you understand that importation of live product, embryos, and gametes into the State of Maine requires an importation permit from DMR?
<input type="radio"/> Yes <input type="radio"/> No
Do you understand that the transfer of live product, embryos, or gametes from this facility to other facilities or to private or public waters of the State may require a transfer permit from DMR?
<input type="radio"/> Yes <input type="radio"/> No
Do you 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?
<input type="radio"/> Yes <input type="radio"/> No

I hereby state that the information included in this application is true and correct and that I have read and understand the current regulations governing aquaculture and the above-listed standard conditions that apply to the importation, introduction and/or movement of aquatic animals.

Printed name: \_\_\_\_\_

Title (*if corporate applicant*): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION SUBMISSION CHECKLIST

- \_\_\_\_ Completed Application Form
- \_\_\_\_ Copy of Operations Plan (draft is OK)
- \_\_\_\_ Copy of DEP Discharge permit, if applicable
- \_\_\_\_ Copy of Industrial User Permit, if applicable