

Deemed RFS 08.10.2026

DRAFT STANDARD LEASE APPLICATION: NON-DISCHARGE

This application contains preliminary details about a proposed standard lease for purposes of the scoping session. Members of the public are encouraged to review this application prior to the scoping session, so they can provide feedback to the applicant about existing uses of the area or other considerations specific to applicable lease decision criteria. The applicant will eventually be required to submit a final application to DMR, which will be the subject of a public hearing.

For more detailed information about public participation in the leasing process, please visit: <https://www.maine.gov/dmr/aquaculture/public-participation-in-aquaculture-leasing>

1. APPLICANT INFORMATION**A. CONTACT PERSON**

Legal Name of Applicant(s):	Butterfield Shellfish
Contact Person:	Nathan 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:	

D. PAYMENT METHOD

☐ Check	☒ Credit Card
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E. PRE-APPLICATION MEETING

Date the meeting was held:	04/07/2026
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2. PROPOSAL INFORMATION**A. LOCATION OF PROPOSED LEASE SITE**

Town:	Yarmouth
County:	Cumberland
Waterbody:	Casco Bay
General Description:	Northwest of Moshier Island

B. PROPOSED LEASE INFORMATION

Total Acreage Requested:	25
Lease Term Requested:	20
Type of Culture: (Check all that apply)	☒ Suspended (gear in the water and/or on the bottom) ☒ Bottom (no gear)

C. INTERTIDAL SITE

Is any portion of the proposed lease site above mean low water?	☐ Yes ☒ No
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3. INTERAGENCY REVIEW INFORMATION

Lease applications are reviewed by other state and federal agencies. The questions below are intended to assist them with the review of your application.

A. Is the proposed lease site located within any of the following habitat designations/areas? Check all that apply.

- ☐ Essential Habitat (includes Roseate Tern habitat and Piping Plover/Least Tern habitat)
- ☐ Shorebird Area
- ☐ Tidal Waterfowl and Wading Bird Habitat

B. Provide the water depth at mean high water.

11.5-14.5ft

C. Provide the water depth at mean low water.

2-5ft

D. Are you proposing to use any suspended gear?

☒ Yes ☐ No

If yes, will the gear be submerged (below the surface of the water) at all tidal stages?

☐ Yes ☒ No

E. Are you proposing predator netting?

☐ Yes ☒ No

If yes, what is the mesh size?

If yes, what is the twine size?

F. Is the proposal within 1,000 feet of any of the following? Check all that apply. If you select one or more boxes you also need to provide the requested information that follows.	
☐ Conserved lands owned by federal, state, or municipal governments ☐ Docking facility owned by federal, state, or municipal governments ☐ Beach owned by federal, state, or municipal governments	
Provide the name of the docking facility, beach, and/or conserved land:	
Proximity of the respective property to the proposed lease site in feet:	
Select which level of government owns the respective property:	
☐ Federal ☐ State ☐ Municipal	
Provide the name of the government entity that owns the respective property:	

G. Is any portion of the proposal within a marked navigational channel?
☐ Yes ☒ No
If “no”, how far is the proposal from the nearest marked navigational channel? Provide the distance in feet.
3,280ft

H. Is the proposed site within 1,000 feet of any federal navigation project or anchorage?
☐ Yes ☒ No
If yes, identify the project or anchorage:

4. SOURCE OF STOCK AND WATER QUALITY

A. SPECIES AND SOURCE OF STOCK

Please use the applicable tables below to list all species you intend to cultivate on the proposed site.

1. 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	Name of Source	Stocking Density
1.	Eastern Oyster	Crassostrea virginica	Mook Seafarm, Muscongus Bay Aquaculture, Downeast Institute, Merrymeeting Shellfish Co.	Max 6 million
2.				
3.				
4.				
5.				
6.				

2. 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	Original Point of Origin	Stocking Density
1.	Eastern Oyster	Crassostrea virginica	CAS CR	Casco Bay	Mook Seafarm, Muscongus Bay Aquaculture, Downeast Institute, Merrymeeting Shellfish Co.	Max 2 million

2.	Eastern Oyster	Crassostrea virginica	CAS MI	Casco Bay	Mook Seafarm, Muscongus Bay Aquaculture, Downeast Institute, Merrymeeting Shellfish Co.	Max 2 million
3.						
4.						
5.						
6.						

3. Source of Stock: Wild Stock

If you are collecting marine organisms from Maine's coastal waters for deployment on the proposed site complete the table below.

	Common Name	Latin Name	Waterbody Collected From	Name of Licensed Harvester	Stocking Density
1.					
2.					
3.					
4.					
5.					
6.					

4. Scallops

Do you intend to possess whole or roe-on scallops?	☐ Yes ☒ No
If you answered "yes" please be aware that biotoxin testing will have to be conducted on a regular basis at your expense. Please contact the Bureau of Public Health to discuss your plans at the following email: DMRPublicHealthDiv@maine.gov	

B. GROWING AREA CLASSIFICATION

Growing Area Designation	WI-A
Growing Area Classification	☒ Approved ☐ Conditionally Approved ☐ Restricted ☐ Conditionally Restricted ☐ Prohibited
If you are proposing to grow molluscan shellfish in waters classified as anything other than open/approved, you must contact: DMRPublicHealthDiv@maine.gov	

C. BIRD DETERRENTS

To comply with the National Shellfish Sanitation Program (NSSP) Model Ordinance (MO), DMR is requiring that applications for the suspended culture of shellfish include a description of mitigation or deterrent measures to minimize the potential pollution impacts of birds at the proposed site. Use the space below to list your mitigation or deterrent measures:

The site is worked by crew year round (40 hr/week during growing season, part time in winter). This consistent human/vessel activity helps deter birds from roosting on gear during working hours. To further ensure food safety, we will be applying for LPAs in approximately 20ft of water at MLT where market ready product will be stored on bottom in shellfish crates stacked on aluminum pallets (see attached image) for a minimum of 2 weeks before harvest. Animals will be appropriately stocked so as not to interfere with their ability to feed/purge any bird effluent they may have ingested at the surface.

5. PROPOSED OPERATIONS

A. CULTIVATION METHODS AND GEAR

1. How will you culture marine organisms?	☐ Gear ☐ Bottom planting only (no gear proposed) ☒ Combination: Both gear and bottom planting.
2. If you are proposing gear, where will it be located in the water?	☐ Floating on the surface of the of water ☐ Suspended below the surface of the water ☒ Combination: Floating on the surface and suspended below the surface of the water.
3. Describe the gear types used to culture the species proposed.	(4) 2000 lb mooring blocks (68) Helix anchors (68) 15/16" polysteel anchor lines (34) 10' spreader bars (68) 120L NZ mussel buoys (68) 15/16" polysteel longlines (42,840) Hexcyl oyster baskets

On Site Activity

4. At maximum capacity, which days of the week do you anticipate being on the site?	Mon-Fri
5. At maximum capacity, what is the earliest time of day you would start work on the site?	6am
6. At maximum capacity, what is the latest time you would end work on the site?	8pm
7. Describe tending and maintenance activities:	-Flipping for fouling control weekly/bi weekly -Grading oysters (daily during growing season) -Splitting up stocking densities (when roughly 50% basket capacity is reached) -Hot water bath fouling control (following grading/as needed) -Harvesting weekly
8. What months will harvesting occur?	Year round
9. How will you harvest each species? If using a drag, provide dimensions.	FlipFarm systems basket empty station will be used to empty product into crates. Product will then be run through the grading machine and/or hand sorted. Market ready product will be separated and moved into bottom storage to await harvest.

Seasonality

10. Are there any seasonal changes to gear deployment?	☒ Yes ☐ No
If yes, please describe:	Grading equipment and raft will be removed in winter. FlipFarm lines may be suspended in winter to avoid ice damage. Debris booms may be installed over winter to protect gear and product from ice flow.

B. MOTORIZED EQUIPMENT AND LIGHTING

1. Are you proposing to use motorized equipment on the proposed lease?	☒ Yes ☐ No
2. Are any of the noise sources fixed?	☐ Yes ☒ No
3. If yes, describe your plan to direct the noise from residences or areas of routine use on adjacent land.	Equipment does not produce excessive noise. Vibrating screen grader is quieter than standard tumblers.

4. Does any of the equipment contain exterior lighting?	☐ Yes ☒ No
5. Describe the measures taken to mitigate light impacts from equipment:	

6. Are you proposing to use a generator?	☒ Yes ☐ No
7. What is the generator used for?	Powering vibrating screen grader and anti-fouling hot water bath.
8. Which months would you use the generator?	April-November
9. What is the maximum number of days the generator would be used each year?	160
10. Which days of the week will the generator be used?	mon-fri
11. What are the maximum hours a day the generator would be used?	10

12. Do you intend to use a generator designed to mitigate noise?	☒ Yes ☐ No
13. What measures will you take to mitigate noise from the generator?	Enclosed box to protect the generator from the elements and mitigate noise.

14. Motorized Equipment Table

Use the table below to list each piece of motorized equipment (excluding vessels) that is proposed and answer the associated questions. Attach additional answers as necessary.

1. Equipment Name	Diesel water heater
What is the piece of equipment used for?	Heats up a bath of warm water to submerge gear in to remove fouling organisms
Select the color(s) of this piece of equipment.	☒ Grays Blacks Browns Blues Greens
Does the piece of equipment have any exterior lights?	☐ Yes ☒ No
How is this piece of equipment powered?	Diesel, 12v A/C
Which months would this piece of motorized equipment be used? If year round, specify accordingly.	april-november
What is the maximum number of days that this piece of motorized equipment would be used?	50

Which days of the week would this of motorized equipment be used?	mon-thurs
What are the maximum hours a day that this piece of motorized equipment would be used?	2
What measures would be taken to mitigate noise from this piece of equipment?	This unit is heated by a quiet home heating burner.

2. Equipment Name	Oyster Grader
What is the equipment used for?	Grading oysters by size
Select the color(s) of this piece of equipment.	☒ Grays ☒ Blacks Browns Blues Greens
Does the piece of equipment have any exterior lights?	☐ Yes ☒ No
How is this piece of equipment powered?	Generator
Which months would this piece of motorized equipment be used? If year round, specify accordingly.	April-November
What is the maximum number of days that this piece of motorized equipment would be used?	150
Which days of the week would this motorized equipment be used?	mon-thurs
What are the maximum hours a day that this piece of motorized equipment would be used?	6

What measures would be taken to mitigate noise from this piece of equipment?	This piece of equipment is only used during the work day typically Mon-Thurs. This equipment will not be used during hours in which may be disruptive.
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1. Equipment Name:	
What is the piece of equipment used for?	
Select the color(s) of this piece of equipment.	☐ Grays ☐ Blacks ☐ Browns ☐ Blues ☐ Greens
Does the piece of equipment have any exterior lights?	☐ Yes ☐ No
How is this piece of equipment powered?	
Which months would this piece of motorized equipment be used? If year round, specify accordingly.	
What is the maximum number of days that this piece of motorized equipment would be used?	
Which days of the week would this of motorized equipment be used?	

What are the maximum hours a day that this piece of motorized equipment would be used?	
What measures would be taken to mitigate noise from this piece of equipment?	
2. Equipment Name:	
What is the equipment used for?	
Select the color(s) of this piece of equipment.	☐ Grays ☐ Blacks ☐ Browns ☐ Blues ☐ Greens
Does the piece of equipment have any exterior lights?	☐ Yes ☐ No
How is this piece of equipment powered?	
Which months would this piece of motorized equipment be used? If year round, specify accordingly.	
What is the maximum number of days that this piece of motorized equipment would be used?	
Which days of the week would this of motorized equipment be used?	
What are the maximum hours a day that this piece of motorized equipment would be used?	
What measures would be taken to mitigate noise from this piece of equipment?	

C. FLOATING STRUCTURES (work floats, barges, etc.)

1. Are you proposing any of the following? Check all that apply.	☒ Work Float ☒ Barge ☒ Other structure. Please specify: - FlipFarm work stations ☐ Not proposing floating structure
2. Which months will the structure be within the boundaries of the proposed site?	empty station: year round float, flipper, and other stations: april-november
3. Describe the purpose of the structure:	Work float and/or barge: Sorting/grading product helix flipper: managing biofouling Empty and fill shuttles: fill/empty baskets
4. Provide the length and width (in feet):	work float: dimensions TBD (reference example in gear section below), empty/fill stations: 5x15', helix flipper: 12x5'
5. Provide the height (in feet) as measured from the water line:	Work float: 7', empty/fill stations: 3', helix flipper: 5'
6. Provide the construction materials:	wood, stainless, aluminum
7. Select the color:	☒ Grays ☒ Blacks Browns Blues Greens
8. Does the structure contain exterior lighting?	Yes ☒ No
9. Describe the measures taken to ensure that exterior lighting on the structure only illuminates the target area and reduces glare:	N/A
10. What measures would you take to mitigate light impacts from the structure?	N/A

D. BUILDINGS (includes sheds or other similar structure)

1. Are you proposing a shed, building or other similar structure?	☒ Yes ☐ No
2. What is the building, shed, or similar structure used for?	May include a canopy on a work float for shade and potentially solar power.
3. What are the maximum number of days it would be within the boundaries of the site each year? If year-round specify accordingly.	TBD
4. Provide the length and width in feet.	TBD
5. What is the height (in feet) as measured from the waterline?	TBD
6. Select the color of the building.	TBD
7. What measures would you take to minimize visual impacts as viewed from the water?	N/A

E. VESSELS**1. Vessels Table**

Use the table below to provide required information about the vessel(s) that may service the proposed site.

	Type of Vessel	Engine type and HP:	Vessel Length in feet:	Height in feet as measured from the waterline :	How many days of the year would the vessel service the site?	How many hours each day would the vessel be on the site?
1.	The Boat Yard LLC “Fast Barge”	Outboard 150	26	10’ at pilot house	250	8-10
2.	Carolina Skiff	Outboard 115	24	3’	TBD	8-10
3.	Future Vessels	TBD	TBD	TBD	TBD	8-10
4.						

2. Are you storing petroleum products on the proposed site?	☐ Yes ☒ No
If yes, you need to attach a spill prevention and control plan to this application.	

F. OTHER AQUACULTURE SITES

2. Limited Purpose Aquaculture (LPA) License(s)

Are there any LPA licenses within the boundaries of the proposed site?	☐ Yes ☒ No
If yes, provide the LPA site ID(s)	
Are there any LPA sites within 1,000 feet of the boundaries of the proposed site?	☒ Yes ☐ No
If yes, provide the LPA site ID(s)	GWIL 221, GWIL 522, GWIL 322, GWIL 422

3. Experimental Aquaculture Lease(s)

Is any portion of an experimental lease within the boundaries of the proposed site?	☐ Yes ☒ No
If yes, provide the experimental lease site ID	
Is there an experimental lease within 1,000 feet of the boundaries of the proposed site?	☐ Yes ☒ No
If yes, provide the experimental lease site ID	

4. Standard Aquaculture Lease(s)

Is any portion of a standard lease within the boundaries of the proposed site?	☐ Yes ☒ No
If yes, provide the standard lease site ID	
Is there a standard lease within 1,000 feet of the boundaries of the proposed site?	☒ Yes ☐ No
If yes, provide the standard lease site ID	CAS CR

6. OPERATIONAL CAPABILITY

This section asks questions about technical capability, compliance history, and estimated costs.

A. TECHNICAL CAPABILITY

Do you or any other applicant hold existing aquaculture sites?	☐ Yes ☒ No		
If yes, please complete the table below for each aquaculture site held. Please attach additional entries as necessary.			
Name of Holder	Type of Site	Site ID	Acreage (if a lease) Do not provide a size for LPA sites.
	☐ Experimental ☐ Standard ☐ LPA		
	☐ Experimental ☐ Standard ☐ LPA		
	☐ Experimental ☐ Standard ☐ LPA		
	☐ Experimental ☐ Standard ☐ LPA		
	☐ Experimental ☐ Standard ☐ LPA		
	☐ Experimental ☐ Standard ☐ LPA		
	☐ Experimental ☐ Standard ☐ LPA		
	☐ Experimental ☐ Standard ☐ LPA		
	☐ Experimental ☐ Standard ☐ LPA		

List your skills and experiences working on the water:
We have been operating on two sites just south of this proposed lease (CASElmx and CASmi) since 2015. Over the past ten years we have become extremely familiar with this site and the surrounding area. In 2020 we deployed the FlipFarm system and have worked closely with the brand over the past 5 years to optimize the gear for success in our waters. The necessary changes have now been finalized and the system has been running smoothly with very minimal gear loss/damage. Every member of our team has extensive experience on the water and is proficient in operating all vessels and machinery used on the farm. New/seasonal employees will be trained in all areas necessary to be safe and effective on the farm.

B. COMPLIANCE HISTORY

Have you been convicted of violating any state or federal marine resource laws?	☐ Yes ☒ No
Have you been adjudicated to be responsible for violating any state or federal marine resource laws?	☐ Yes ☒ No

C. FINANCIAL ESTIMATES

Use the space below to provide requested cost estimates of the planned aquaculture activities, if approved, as they relate to this proposal.	
Annual Lease Rent	\$2,500.00
Annual DMR Licensing Fees	\$133.00
Annual cost to maintain the bond or commitment amount for the escrow account	We intend to maintain a bond for \$150 per year
Annual Equipment Costs	\$200,000-\$400,000 (build out phase/ first 4-5 years)
Annual Maintenance Costs	\$5,000

7. RIPARIAN LANDOWNER NOTIFICATION

Is the proposal 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
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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

Using municipal tax records, complete the table below for all riparian shorefront parcels within 1,000 feet of the proposed lease site. It is the applicant's responsibility to assemble the information for the municipality to certify. The municipality only certifies that the information is correct according to the town's tax records. Once you have completed the form, ask the municipality to complete the certification section below. Attach additional pages as necessary.

Name of Municipality:	Yarmouth
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Tax Map Number	Lot Number	Name of Landowner(s)	Mailing Address (Based on municipal tax records)

Town Certification

By signing below, I am certifying on behalf of the municipality listed above that the names and addresses of the property owners, including the map and lot numbers, are those listed in the records of this municipality and are current as of this date.

Printed Name:	
Signature:	
Position:	☐ Town Clerk ☐ Town Assessor ☐ Other town official. Please specify:
Date:	

8. SITE COORDINATES

In this section provide your coordinates in decimal degrees, starting with the NW corner and proceeding clockwise. WGS-84 is the required datum.

Corner Label	Latitude (N)	Longitude (W)
1 (NW corner)	43.792185	-70.105350
2	43.790144	-70.100909
3	43.7883269	-70.1024988
4	43.790379	-70.106953
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

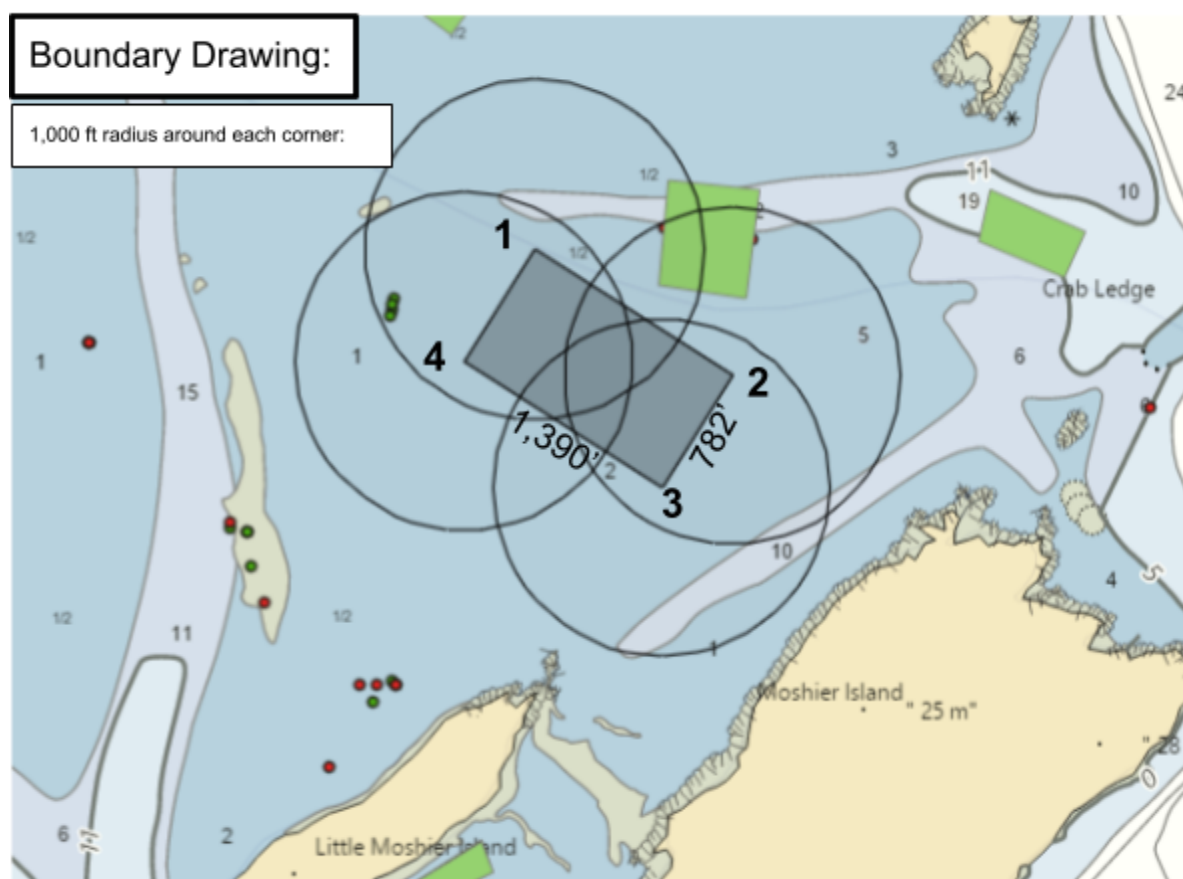
9. RENDERINGS & ATTACHMENTS

SITE LOCATION

A. BOUNDARY DRAWING

Depict the boundaries of the proposed site with corners labeled as referenced in the site coordinate table. Start with corner 1 (NW corner) and proceed clockwise with the labeling.

- ☒ Label the rendering 'Boundary Drawing'
- ☒ All corners are labeled in accordance with the instructions and match the coordinate table.



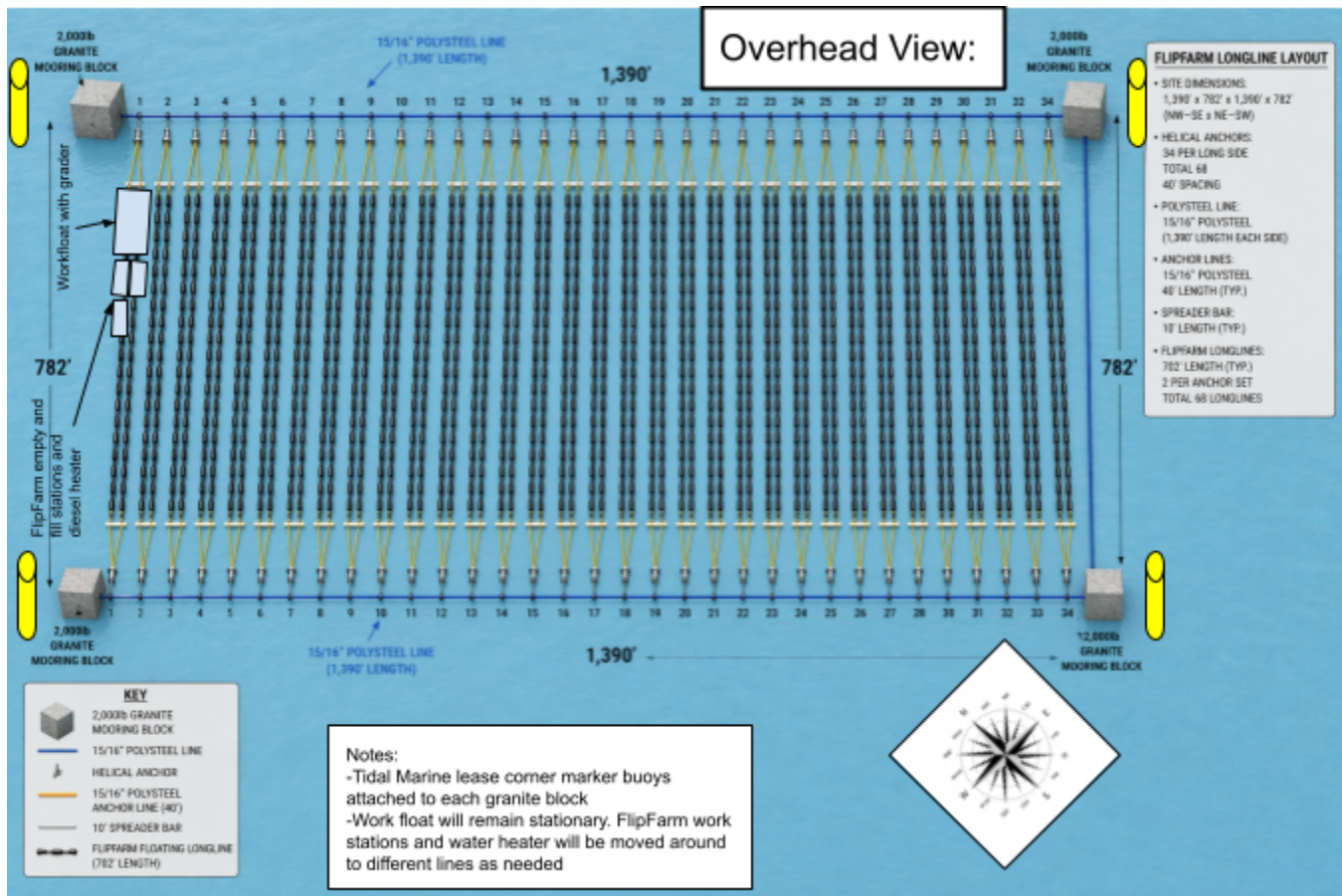
GEAR SCHEMATICS

If you are proposing any gear or structure, you must provide the following renderings:

B. OVERHEAD VIEW

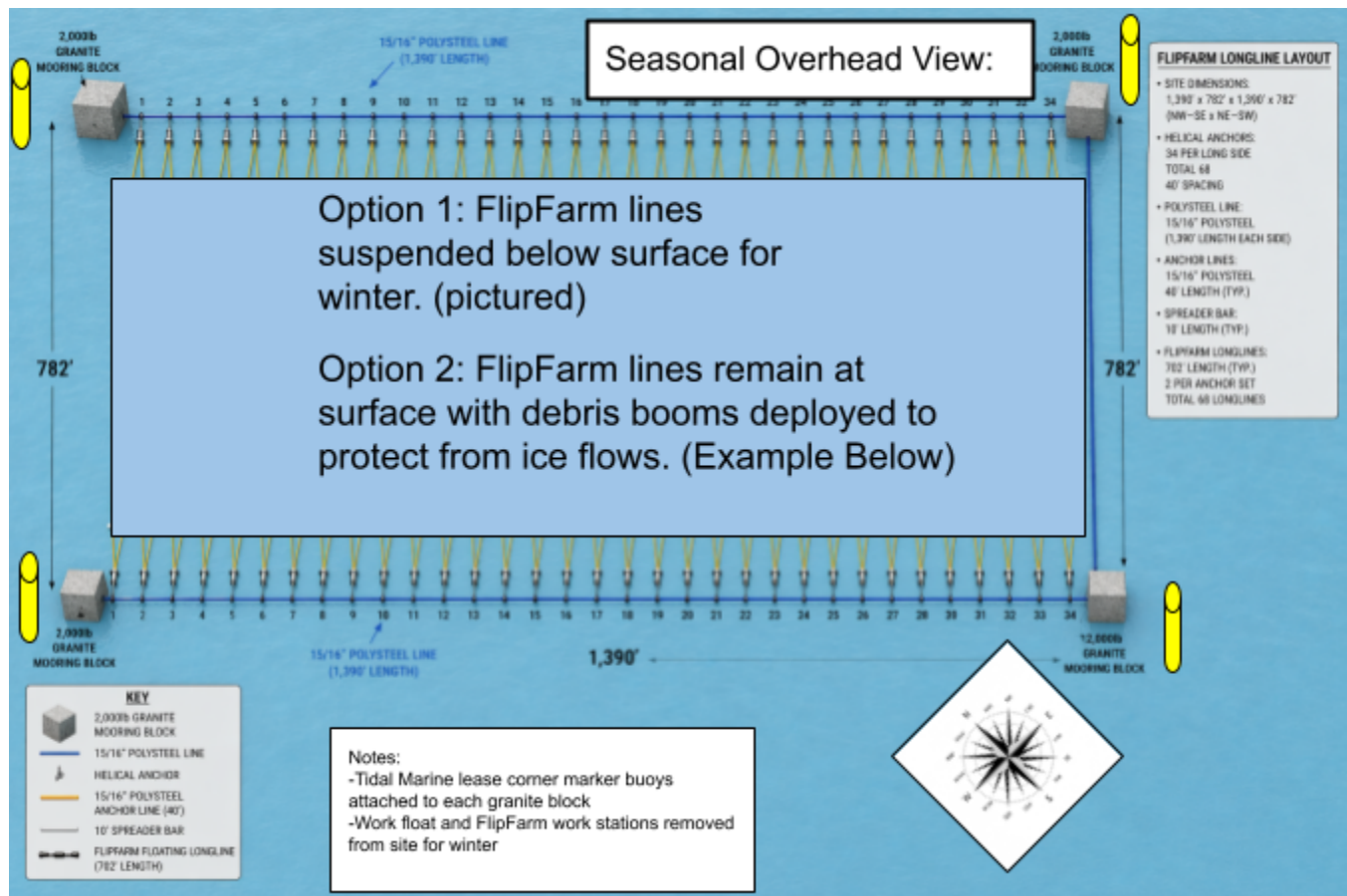
- ☒ Label the rendering 'Overhead View'
- ☒ Include the maximum layout of all gear, including moorings.
- ☒ Label each gear type
- ☒ Depict the location of floats or other associated structure.
- ☒ Approximate spacing between gear in feet.

- ☑ Length and width of the proposed site.
- ☑ Lease boundaries and the location of proposed corner markers and any additional gear markers that would be present.
- ☑ Gear orientation



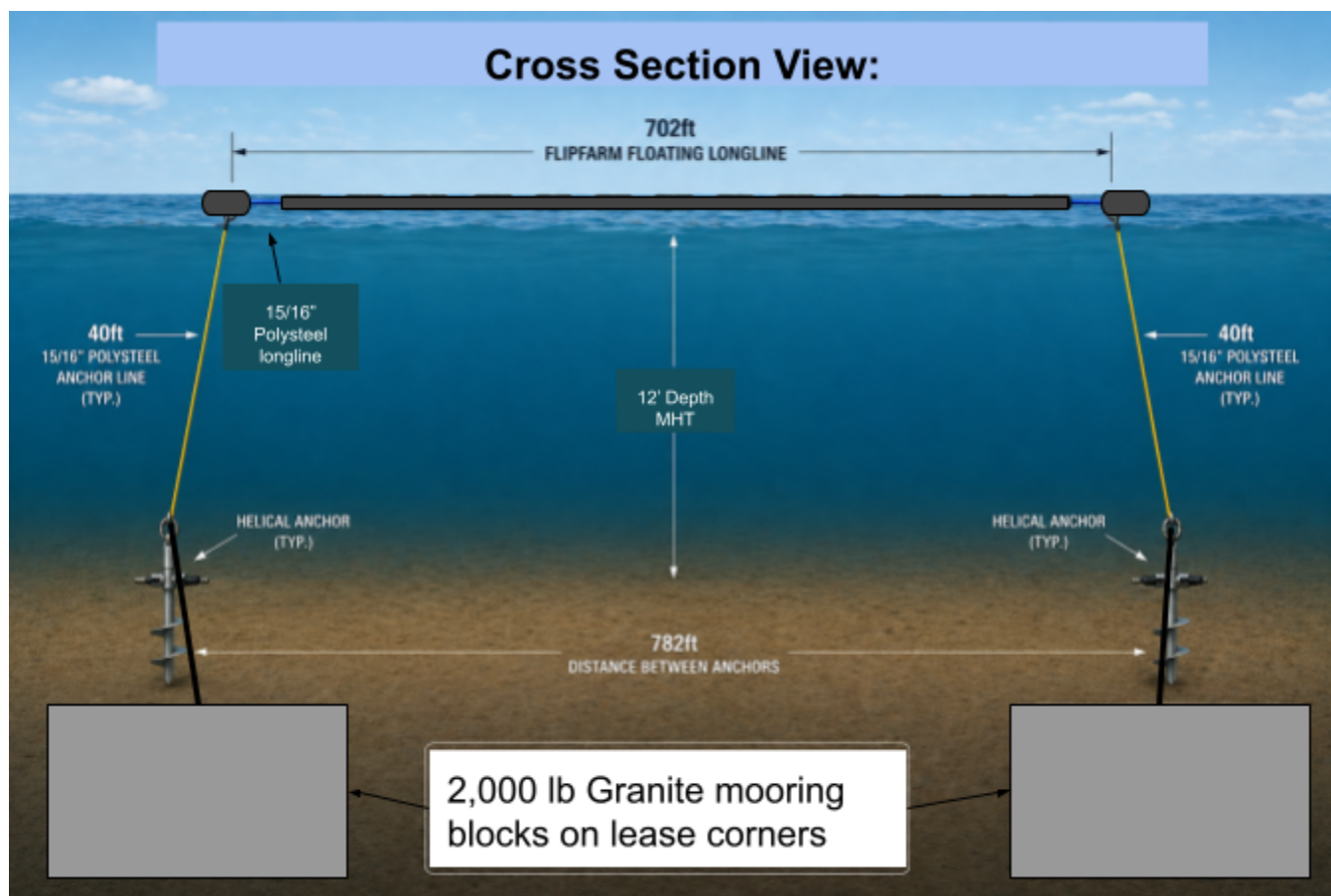
C. SEASONAL OVERHEAD VIEW

- ☑ Label the rendering 'Seasonal Overhead View'
- ☑ Include the maximum layout of all gear, including moorings.
- ☑ Label each gear type
- ☑ Depict the location of floats or other associated structure.
- ☑ Approximate spacing between gear in feet.
- ☑ Length and width of the proposed site.
- ☑ Lease boundaries and the location of proposed corner markers and any additional gear markers that would be present.
- ☑ Gear orientation



D. CROSS SECTION VIEW

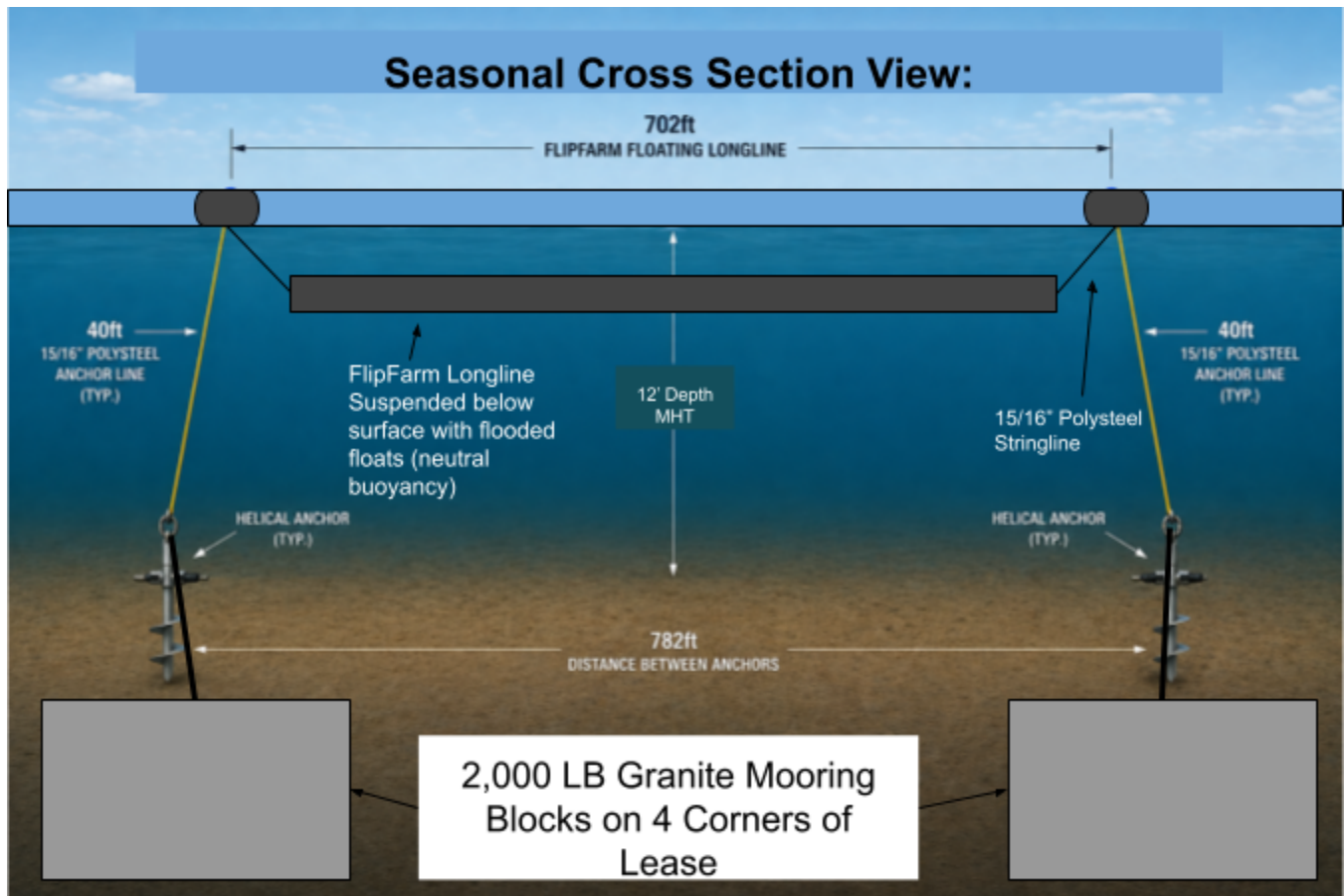
- ☒ Label the rendering 'Cross Section View'
- ☒ Profile of gear in cross-section as it will be deployed.
- ☒ Label each gear type.
- ☒ Depict mooring type
- ☒ Depict mooring scope
- ☒ Depict mooring hardware
- ☒ Depict mooring line type and size.
- ☒ Depict the depth of the gear in relationship to the water's surface at both mean low water and mean high water

**E. SEASONAL CROSS SECTION VIEW**

If there are seasonal changes to the gear layout (i.e. overwintering), submit a cross section view depicting the following:

- ☒ Label the rendering 'Seasonal Cross Section View'
- ☒ Profile of gear in cross-section as it will be deployed.
- ☒ Label each gear type.
- ☒ Depict mooring type
- ☒ Depict mooring scope
- ☒ Depict mooring hardware
- ☒ Depict mooring line type and size.
- ☒ Depict the depth of the gear in relationship to the water's surface at both mean low

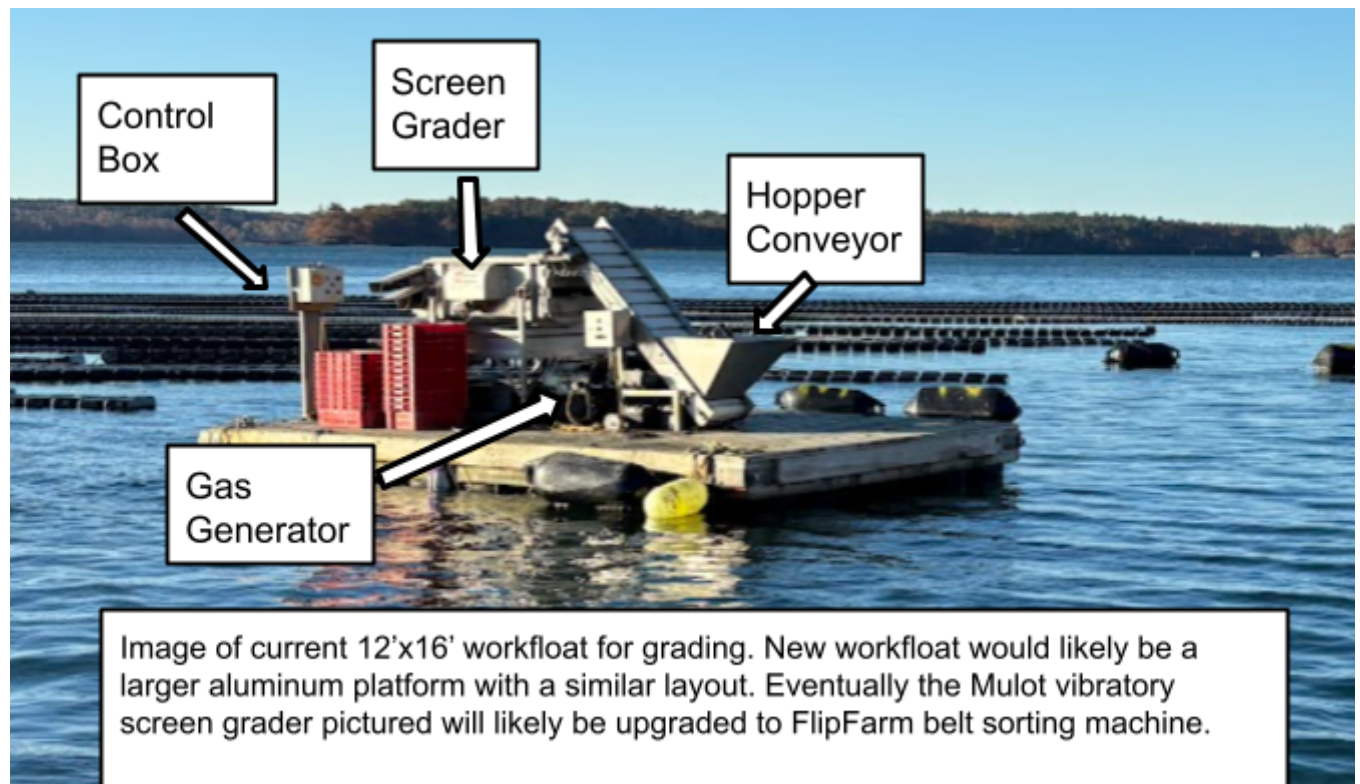
water and mean high water



F. STRUCTURE/FLOAT SCHEMATICS

Provide a schematic or photos of any structures or floats that are proposed. The schematic(s) need to include the following:

- ☒ Approximate location of any mechanized equipment that may be used or stored on the structure. The equipment must be labeled.



Example of FlipFarm belt sorting machine on aluminum work float in NZ. Float for this lease would be similar in layout but would not feature the large pilot house enclosure pictured here. A small generator/battery enclosure would likely be included as well as a shade canopy where solar power could be installed.

Bird Deterrent Schematic:

Aluminum pallet with lid to secure shellfish crates. To be submerged on LPAs minimum 2 weeks prior to harvest in roughly 20ft water MLT with vertical line to surface buoy.



OTHER ATTACHMENTS

G. OIL SPILL PREVENTION AND CONTROL PLAN

If petroleum products are stored on the proposed site, you need to attach a spill prevention and control plan. It must include the following:

- ☐ Procedures and control measures to prevent spills.
- ☐ Measures to contain, cleanup, and mitigate the effects of an oil spill that has impacted navigable waters or adjoining shorelines.

H. FINANCIAL INSTITUTION LETTERS

- ☒ In accordance with regulation, you must include a letter from a financial institution indicating you have an account in good standing. If there are multiple applicants, they each submit letters.



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 A. Robinson

Officer

Assistant Branch Manager | Maine Community Bank

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



10 Wentworth Drive, Gorham, ME 04038 207-786-5705 maine.bank



I. INTERTIDAL SITES

If any portion of the proposed site is above mean low water, you need to provide the following under 1 and 2:

1. Landowner Written Permission

All riparian owners whose intertidal lands will be used for aquaculture need to give the applicant written permission to use intertidal lands. You need to submit this written permission with your application. DMR will not accept the application without the required permission.

The written permission must include the following:

- ☐ The map and lot number of the parcel to which the permission applies, which needs to match what is listed on the riparian landowner list.
- ☐ The letter must include the names(s) of the landowner(s). If the parcel is held by multiple people, each individual needs to provide permission. It can be included in the same letter, but it needs to be clear that all owners of the parcel consent.
- ☐ The letter must clearly state that the parcel owner is giving the applicant(s) **permission to use their intertidal lands** for the proposed aquaculture activities. General letters of support from the parcel owner do not satisfy this requirement.
- ☐ If the intertidal land is owned by the applicant(s) then an 'Applicant Statement' must be included with the submission. The submission needs to include the map and lot number of the parcel owned.

2. Municipal Permission

Does the municipality have a shellfish conservation program in accordance with 12 M.R.S.A. section 6671?	☐ Yes ☐ No
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If you selected “no” then part B is not required.

If you selected “yes” then you also need to submit the following with your application:

The **municipal officers** need to consent to using the intertidal area. Consent means that a majority of the municipal officers voted to grant permission to use the intertidal area. The vote needs to occur during a public meeting.

After the meeting, you will need to submit one of the following:

A copy of the final meeting minutes that includes the text of the motion and the results of the vote, which demonstrates that a majority of municipal officers gave consent to the applicant(s) to use the intertidal area. Draft copies of meeting minutes will not be accepted.

OR

A letter from the municipality that summarizes the meeting when the vote was taken. The letter needs to include:

- ☐ The date of the meeting.
- ☐ Text of the motion.
- ☐ The vote of each municipal officer (they need to be individually named).
- ☐ Name and title of the individual submitting the letter on behalf of the town.

10. ACKNOWLEDGEMENT AND SIGNATURE PAGE

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 understand that lease proposals are evaluated in consideration of applicable decision criteria and processed in accordance with relevant law and rules. Applying for a lease is not a guarantee that this site will be granted or otherwise granted as originally applied for.
- ☒ I understand that lease application fees are non-refundable.
- ☒ I understand that falsifying any information in this application will result in termination of the application or other enforcement action.
- ☒ I understand that it is my responsibility to submit a copy of this application to the U.S. Army Corps of Engineers (USACE) and that their review process is separate from DMR's. If I have questions about the USACE process or review, I will contact that agency.
- ☒ I read the lease application instructions. I will follow the instructions and provide any requested information in a timely manner.
- ☒ I understand that this is a draft application and that I will eventually be required to submit a final application, which will require me to provide additional information about my proposed operations.
- ☒ I understand that after the scoping session, I should consider public feedback about my initial plans (outlined in the draft application) prior to completing and submitting a final lease proposal.

Printed Name	Nate Ingersoll
Signature	
Date	08/13/2026

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.

☐ 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
Nate Ingersoll	176 royal road North Yarmouth, ME 04097	50%
Hadlee Yescott	39 Kelley Street South Portland, ME 04106	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

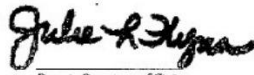
If you selected "yes", please provide details:

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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
 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 "LLC," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "LLC" or "LLC" – 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(e)(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)

Form No. MLLC-6 (1 of 2)

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)

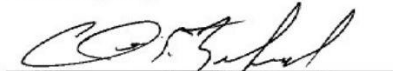
 (mailing address if different from above)

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



 (Signature of authorized person)

Kevin Butterfield

 (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