



JANET T. MILLS  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF MARINE RESOURCES  
MARINE RESOURCES LABORATORY  
P.O. BOX 8, 194 MCKOWN POINT RD  
W. BOOTHBAY HARBOR, MAINE  
04575-0008

CARL J. WILSON  
COMMISSIONER

## **Intertidal Mussel Harvesting Permit**

### **Application to drag in Mussel Seed Conservation Areas and/or Municipal Intertidal Mussel Management Areas**

**Complete the application and submit to [katie.miller@maine.gov](mailto:katie.miller@maine.gov)**  
**For Intertidal Mussel Management Areas, DMR will forward the application to the relevant municipality for the 30-day comment period.**

Date of Request: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Vessel Name: \_\_\_\_\_

Registration or Document # \_\_\_\_\_

Length: \_\_\_\_\_ Color: \_\_\_\_\_

Harvester Name: \_\_\_\_\_

State License #: \_\_\_\_\_

In what town or state mussel conservation area(s) do you want to harvest mussels?

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What designated management area(s) do you want to work in?  
(If possible attach maps – skip for state mussel conservation area requests)

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What is the size of the mussels to be harvested (check one)?

SEED: \_\_\_\_\_ ADULT: \_\_\_\_\_

Estimate how many bushels you intend to harvest from each designated area.

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When do you intend to start and finish harvest activities (in terms of months)?

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Where do you intend to move/take the product?

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What type of gear do you intend to use for the mussel harvest?

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Signature of applicant: \_\_\_\_\_