MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

284 State Street, 41 SHS Augusta, ME 04333 Phone 207-287-8000 / Fax 207-287-8094

2020 APPLICATION FOR BAITFISH WHOLESALE LICENSE

In	accordance with the	provisions of the Revis	sed Statutes, Title 12, sec	tion 12551-A (6) baitfish	wholesaler's license	
New Applicant	Renewa	Applicant I	Last Year Licensed:		Annual Fee \$26	
Name:						
First			Last	Last MI Moses ID Number:		
Eyes:	Height:	Hair:	Weight:	Social Secur	ity #:	
Physical Addres	ss:	Street or Road		City or Town	Zip Code	
Mailing Address (If Different)	s:	Street, Road or Box #		City or Town	Zip Code	
Legal Residence	e:	 City or Town		State		
Email Address:	mail Address: Phone:					
Driver's License State: Driver's License Number:					Number:	
Are you retailin	g bait under this	license?	Yes	No (Required	Field)	
Retail Sales Phy	sical Address:					
Street or Road			I	City or Town		
-	to sell from more		-	-	ne retail sale of baitfish. If a tely by obtaining a Live Bait	
		•		•	ormation to the Department. from obtaining a license the	
Signature of Applicant:				Date:		
_	LICATION WITH THE A	-				
- •				CREDIT CARD PA	YMENT	
Department of Inland Fisheries and Wildlife Licensing Division 284 State Street, SHS 41 Augusta, ME 04333			·	All Major Credit Cards Accepted Name on Card:		

Expiration Date: __ _ / __ __

Code: __ __

December 2019