



**Maine Department of Inland Fisheries and Wildlife**  
**353 Water Street, 41 SHS, Augusta, ME 04333**  
**Phone 207-287-8000 / Fax 207-287-9037**

**APPLICATION FOR BAIT RETAIL LICENSE**

*In accordance with the provisions of the Revised States, Title 12, Section 1551-A (5) Baitfish Wholesaler's License*

New Applicant \_\_\_\_\_ (1719) Renewal Applicant \_\_\_\_\_ (1719) Last Year Licensed: \_\_\_\_\_ **Annual Fee \$16**

Name: \_\_\_\_\_  
First Name Last Name MI

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ MOSES ID Number: \_\_\_\_\_

Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Hair: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(NEW Applicants Only)

Mailing Address: \_\_\_\_\_  
Street or PO Box Town State ZIP

Physical Address: \_\_\_\_\_  
Street Town State ZIP

Email Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

**Are you retailing Baitfish under this license? (Required – Check one) \_\_\_\_\_ YES \_\_\_\_\_ NO**

If yes, please list retail address: \_\_\_\_\_  
Street Town

**This license permits the selling of live smelt and baitfish from ONE location.** If a person intends to sell from more than one location, each location must be licensed separately by obtaining an additional Live Bait Retailer's license.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SEND APPLICATION WITH THE APPROPRIATE FEE:**

**Make check payable to: Treasurer, State of Maine**

**Department of Inland Fisheries and Wildlife**  
**Licensing Division**  
 353 Water Street, 41 SHS  
 Augusta, ME 04330

CREDIT CARD PAYMENT	
All Major Credit Cards Accepted	
Name on Card:	_____
Card #:	_____
Expiration Date: ____ / ____	Code: _____
Billing Address:	_____
	_____