## MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE 353 Water Street, 41 SHS Augusta, ME 04333-0041 Phone 207-287-5261 / Fax 207-287-6395

# APPLICATION FOR A LICENSE TO OPERATE A FEE FISHING POND Title 12 MRSA Section 12508

Type of application (check one): 🗆 Nev	w or 🛛 Renewal		
Name of Company or Facility:			
Name of Owner or Manager:			
Susiness Mailing Address (Street and A	pt # or PO Box)		
ity:		State:	Zip Code:
elephone: ()	Email Address:		
<b>hysical Address</b> (Street and Apt # or PC	) Box):		
City:		State:	Zip Code:
<u>Description: Applica</u> Indoor fee fishing operation Outdoor fee fishing operation	ble Characteristics of (	Catch and rel	<u>&lt; box for all that apply):</u> lease only ed for onsite consumption
Indoor fee fishing operation	size e production e production	Catch and rel Catch prepar Customer can Discharge exe Discharge wil Pond(s) wate Fish will be fe	lease only ed for onsite consumption n take catch home ceeds 17.35 GPM or 25,000 GPD Il exist less than 30 days per year er supply is a public pond or lake er supply is from a well or spring

### Please complete the following for all fish on site:

FISH SPECIES (List all species to be reared or offered)	<b>STRAIN</b> (List all strains or distinct population of each species)	SOURCE OF EGGS/FISH (List the source of eggs/fish whether domestic, on- site or from other source)

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Please respond Yes or No to the following questions:	YES	NO
1. Do you understand that the movement of live fish, embryos, or gametes into your facility from external		
sources will require a transfer, stocking, or importation permit from the Department?		
2. Do you understand that with this license, fish from a fee fishing pond must be killed before being removed		
from the facility or pond area?		
3. Do you understand that all fish transported from your premises must be appropriately tagged with your name		
and address?		
4. Do you understand that the licensee must keep all invoices of fish sold and purchased and have them		
available for inspection by the Commissioner or an authorized agent?		

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 fee fishing and the above-listed standard conditions that apply to the importation, introduction and/or movement of fish.

Signature\_\_\_\_\_

Date\_\_\_\_\_

**NOTE:** It is a Class E crime to obtain a permit through fraud, misstatement or misrepresentation (Title 12 MRSA Section 10757)

(Instructions on following page)

Revised 10-21

FOR DEPARTMENT USE ONLY	
Permit Type/Number:	
Approved OR Denied By:	Date:
Additional conditions:	

# **Application Instructions**

To facilitate the processing of your application and issuance of your operating license as quickly as possible, please fill out the application form *completely*, providing all the following information. <u>Do not</u> leave spaces blank.:

Name of Company/Facility - Business name of primary owner(s), and facility name (if different.)

Name of Owner/Manager - Owner of facility, and primary contact for questions (if not the same individual).

Business Mailing Address/Email/Phone number - Mailing address, email & phone number for any questions regarding the facility, and for written correspondence (license, notifications, etc.)

Physical Address - Address of where licensed activity will take place if different from business address

**Facility Description** - In addition to checking applicable characteristics, the applicant may also provide a description as an attachment to the application.

<u>Specific Watershed -</u> Describe the location of discharge from your facility or pond with the name of the downstream receiving water.

Anticipated annual harvest - Provide anticipated harvest under the licensed operation in total pounds.

Anticipated annual biomass stocked - Provided annual biomass of fish to be stocked in pounds

Anticipated annual biomass of feed to be fed- Provide annual weight of feed to be fed in pounds

**Fish Species** - List all species <u>currently or intended to be reared or offered</u> at the facility. If species are added to or subtracted from existing inventories, notify the department of any changes and your license will be modified accordingly after Department approval.

Strain - List all strains or any distinct population of each species held on site.

<u>Source of eggs/fish</u> - List the source(s) from which eggs and/or fish have been of will be acquired intended for culture, whether from domestic source on site or from any outside source/facility, will be obtained.

#### Read and acknowledge the questions which indicate the stipulation that pertains to this license.

Sign and date application.

**Return completed application and fee to:** MDIFW, Fisheries and Hatcheries Division, 353 Water Street, 41 SHS, Augusta, ME 04333-0041. Please make check payable to "Treasurer, State of Maine"