

**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 CULTIVATE OR SELL COMERCIAALLY GROWN  
AND IMPORTED FISH "Land Based Aquaculture of Freshwater Species"  
Title 12 MRSA Section 12507**

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**Application Cost:** \$27.00 (payable to "Treasurer, State of Maine")

**Type of application** (check one):  New or  Renewal

**Name of Company or Facility:** \_\_\_\_\_

**Name of Owner or Manager:** \_\_\_\_\_

**Business Mailing Address** (Street and Apt # or PO Box) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Physical Address** (Street and Apt # or PO Box): \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Facility Description:** \_\_\_\_\_

\_\_\_\_\_

**Water Source:** \_\_\_\_\_

**Discharge type & location:** \_\_\_\_\_

**Anticipated annual production (Lbs):** \_\_\_\_\_

**Anticipated daily discharge (Gal):** \_\_\_\_\_

**Name of source(s) from which stock will be acquired:** \_\_\_\_\_

**Aquatic specie(s) to be cultivated\***

**Common Name:** \_\_\_\_\_

**Scientific Name:** \_\_\_\_\_

**Type of Operation (check box to left of all that apply):**

<input type="checkbox"/> Direct to food market	<input type="checkbox"/> Aquatic disease research
<input type="checkbox"/> Broodstock with egg or larval sales	<input type="checkbox"/> Aquaculture R&D for product/process creation
<input type="checkbox"/> Nursery with juvenile sales	<input type="checkbox"/> Production of biological compounds & substances
<input type="checkbox"/> Juvenile production for growout in marine waters*	<input type="checkbox"/> Biomedical research
<input type="checkbox"/> Pond stocking	<input type="checkbox"/> Education and instruction
<input type="checkbox"/> Rearing of baitfish	<input type="checkbox"/> Aquaponic production
<input type="checkbox"/> Cultivation in brackish or marine water*	<input type="checkbox"/> Home hobby and personal use only
<input type="checkbox"/> Cultivation in freshwater	<input type="checkbox"/> Rearing tropical fish for aquarium use
<input type="checkbox"/> Other - (please be specific) _____	

*\* Listing of a marine or diadromous species, listing discharge as direct to coastal waters, or checking a box with an Asterix may result in referral of the application to the Department of Marine Resources*

*Please respond Yes or No to the following questions:*

	YES	NO
1. Do you understand that the transfer of live product, embryos, and gametes into your facility from sources within the State may require a transfer permit from either DIFW or DMR?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you understand that importation of live product, embryos, and gametes into the State of Maine requires an importation permit from either DIFW or DMR?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you understand that the transfer of live product, embryos, or gametes from this facility to other facilities or to private or public waters of the State may require a transfer permit from either DIFW or DMR?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you understand that the licensee must keep all invoices of live or processed product sold and purchased and have them available for inspection by the Commissioner or an authorized agent?	<input type="checkbox"/>	<input type="checkbox"/>

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 aquaculture and the above-listed standard conditions that apply to the importation, introduction and/or movement of aquatic animals.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

*(Instructions and additional information on following pages)*

Revised 10-21

<b>FOR DEPARTMENT USE ONLY</b>	
Permit Type/Number: _____	
<input type="checkbox"/> Approved <b>OR</b> <input type="checkbox"/> Denied <b>By:</b> _____	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. Do not 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** - Please describe your facility with words such as the following: indoor, outdoor, open to the public, academic institution, laboratory, controlled access, bio-secure, earthen pond, lined pond, tank based, aquaria based, Recirculating Aquaculture System(RAS), aquaponic, biofloc, discharge dependent, located away from surface waters of the State, located adjacent to surface waters of the State. **You may opt to provide a more detailed description including labeled diagrams. If such is provided, please write "See attachment" in space provided.**

**Water source-** Describe the water source: municipal, well water, deep aquifer, shallow aquifer, fresh water, marine water, artificial salt water, pond water, lake water, river water, trucked water, pumped and piped, UV treated, filtered, ozonated, and untreated.

**Discharge-** Describe the discharge: discharge to surface waters of the State (name the body of water), untreated discharge, treated discharge (solids filtration, UV, ozone, chlorine, other), discharge to private septic and leach field, discharge to a POTW (public owned treatment works licensed by DEP. Provide name of POTW), discharge used for growing terrestrial crops, discharge to aquaponics, and zero water discharge. Do not include water to be discharged for general sanitation.

**Aquatic Species** - List all species currently or intended for culture 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.

**Source of egg/aquatic animal(s)** - List the source(s) from which eggs and/or aquatic animals intended for culture, whether from domestic source on site or from any outside source/facility, will be obtained.

**Annual production-** Provide anticipated production at full scale. Provide anticipated figure or; less than 20,000 lbs., less than 100,000 lbs. or greater than 100,000 lbs.

**Anticipated daily discharge-** Provide anticipated discharge volume at full scale. Provide anticipated figure or one of the following: zero water discharge, less than 25,000 GPD, or greater than 25,000 GPD. If you have a DEP discharge permit, attach a copy. If you have an industrial user permit from your POTW, provide the number.

**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"

## **Additional Information Pertaining to Aquaculture**

### **Transfer and Importation Permits**

Transfer from other locations or facilities within the State or importation of live freshwater finfish, gametes, or embryos from outside of the state, requires a permit from the Department, unless otherwise exempted. License holders approved for the cultivation of salmonids, and license holders approved for tilapia may obtain the fish for which they are licensed from approved instate commercial sources on page 5 of this application packet without the need for obtaining a transfer permit.

**Note:** A person may not introduce, import or transport any live fish or gametes into the State or receive or have in that person's possession fish or gametes without a valid permit; if convicted of this violation up to a \$10,000 fine may be imposed as described within Title 12 M.R.S. § 12509.

**Fish Health Testing and Documentation:** Fish health screening and documentation may be required for certain types of business activities, transfers, imports, and cultivators.

### **For freshwater species permitting and licensing questions contact:**

- David Russell at DIFW, [David.Russell@maine.gov](mailto:David.Russell@maine.gov), 207-287-2813
- Todd Langevin at DIFW, [Todd.Langevin@maine.gov](mailto:Todd.Langevin@maine.gov), 207-287-5262
- [DIFW Fish Importation Form \(PDF\)](#)

### **Other contacts of possible use:**

#### **Department of Environmental Protection – NPDES (facility discharge) permits**

- Cindy Dionne at DEP, [Cindy.L.Dionne@maine.gov](mailto:Cindy.L.Dionne@maine.gov), 207-287-7823

#### **Department of Marine Resources-**

- Marcy Nelson at DMR, [Marcy.Nelson@maine.gov](mailto:Marcy.Nelson@maine.gov), 207-633-9502
- [DMR Importation, Introduction, and Transfer Forms](#)

Please feel free to contact DIFW with any questions via: Todd Langevin, Superintendent of Hatcheries [Todd.Langevin@maine.gov](mailto:Todd.Langevin@maine.gov); (207) 287-5262 or David Russell, Fish Pathologist [David.Russell@maine.gov](mailto:David.Russell@maine.gov); (207) 287-2813. The application process is not meant to be difficult. If perceived as such, please don't hesitate to contact us for assistance.

## APPROVED IN-STATE COMMERCIAL SOURCES FOR SALMONIDS

<u>Hatchery Name &amp; Address</u>	<u>Species</u>	<u>Telephone</u>
Micmac Farms 1353 Presque Isle Rd Caribou, ME 04736	Brook Trout	207-493-1269
Shy Beaver Trout LLC 161 Shy Beaver Rd. Hollis, ME 04042 Email: shybeavertrout@gmail.com Website: shybeavertrout.com	Brook trout Rainbow trout Brown trout	207-300-7999
Spectrum Trout Bob Hendry 47 Bumptown Rd So. Paris, ME 04271	Rainbow trout	207-744-2348 207-272-2853 cell

Some local Soil and Water Conservation Districts hold annual fish sales, contact information can be found here:  
<http://maineconservationdistricts.com/district-locations>

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## APPROVED IN-STATE SOURCES OF TILAPIA

Herring Gut Learning Center  
Port Clyde, ME  
Kathy @ 207-372-8677

University of Southern Maine  
Gorham, ME  
Theodore @ 207-780-5065

Dirigo Tilapia  
Frankfort, ME  
Coley @ 207-323-5293

50-50 Food from Fish  
South Berwick, ME  
Joe @ 603-969-6902

Multiple Pathways Academy  
Madison, ME  
Julie @ 207-595-6716