

**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF FISHERIES AND GAME DIVISION OF MARINE FISHERIES
AQUACULTURE APPLICATION FORM
2009**

1. Name: Last _____ First _____ M.I. _____
 Mailing Address _____
 City/Town _____ State _____ Zip Code _____
 Home Telephone _____ Cell Phone _____
 E-Mail Address _____
 Business Name (dba) _____
 Business Address _____
 City/Town _____ State _____ Zip Code _____
 Business Phone _____

2. Location of aquaculture license site(s) (grants)
 City/Town _____ Water Body _____ License Site # _____
 Site location _____

3. Growing Activities: Please check all that apply

- a. Do you intend to purchase seed shellfish? Yes _____ No _____
- b. Intend to purchase seed from an approved source? Yes _____ No _____
- c. Intend to maintain seed already present on site. Yes _____ No _____
- d. What species to purchase/maintain? _____
- e. List each species, amount and source (hatchery, other sources etc) separately.

Species	Amount	Source	
		Name	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

f. Intended dates of transplants _____

4. Sale of Shellfish

- a. Intend to sell legal sized shellfish to a licensed wholesale dealer . Yes _____ No _____
 if so, what species? _____
- b. Intend to sell seed to other grants or municipalities in Mass. Yes _____ No _____
 if so, what species? _____
- c. Intend to sell seed to growers outside of Mass? Yes _____ No _____
 if so, what species? _____
- d. Intend to sell sub-legal shellfish for consumption? Yes _____ No _____
 if so, what species? _____

5. Other Activities

- a. Intend to collect seed by spat collection methods (i.e. Chinese hats, steamer tents, netting, cultch) . Yes _____ No _____

Species	Method	% of area
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Intend to use upweller to grow seed? Yes _____ No _____

1.) Type: Floating, _____ Land based, _____ # silos _____

2.) Upweller Location: On License site? Yes _____ No _____

Building - land based? Yes _____ No _____

Address _____

On a dock? Yes _____ No _____ Address _____

Other ? Yes _____ No _____ Address/location _____

3.) Source of water for upweller if not located on license site _____

c.. Culling

1.) Intend to cull seed shellfish away from licensed aquaculture site? Yes ___ No ___

2.) Address of culling site (s)

(Name and address of each residence is required, no PO Boxes)

_____ residence: _____

_____ business: _____

_____ Other: _____

d. Over wintering

1.) Intend to over winter oysters? Yes _____ No _____

2.) Intend to over winter other species? Yes _____ No _____

if so, what species? _____

3.) Location of over wintering activities; (Name and address is required, No PO Boxes)

Name

Address

4.) Describe method of over wintering:

_____ Pit; _____ cooler, _____ other, describe _____

5.) Other activities

1.) Intend to conduct other activities.

If so, please describe in detail on a separate piece of paper.

6. Other Information

a. How will these shellfish be conveyed from the point of origin to the licensed site?

Boat _____ Vehicle _____ Mail _____ Private Carrier _____

Vehicle

Make & Model

Registration

Color

The permit holder shall maintain a daily list of individuals involved in a transplant. The Following vessels/vehicles are to be used in the transplant.

Vehicle	Make & Model	Registration	Color
_____	_____	_____	_____
_____	_____	_____	_____

Vessel	Make & Model	Registration	Color
_____	_____	_____	_____
_____	_____	_____	_____

b. Have you been convicted of any violation of the laws or regulations relating to marine fisheries within one (1) calendar year preceding the date of the application?

Yes _____ No _____

(if yes, please state date and reason)

I AM AQUAINTED WITH THE RULES AND REGULATIONS PERTAINING TO THE USE OF THIS PERMIT AND AGREE TO COMPLY THEREWITH AND WILL NOTIFY THE DIRECTOR OF MARINE FISHERIES OR THE SHELLFISH SANITATION AND MANAGEMENT PROGRAM BIOLOGISTS IMMEDIATELY OF ANY CHANGES.

ALL INFORMATION FURNISHED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST MY KNOWLEDGE

FAILURE TO COMPLETE INFORMATION CORRECTLY MAY RESULT IN THE APPLICATION BEING RETURNED.

Signature of Applicant _____ **Date** _____

*******FORWARD SUPPLEMENTAL APPLICATION, WHITE RENEWAL FORM, GRANT QUESTIONNAIRE AND \$10.00 CHECK OR MONEY ORDER PAYABLE TO COMMONWEALTH OF MASSACHUSETTS (MUNICIPALITIES ARE FEE EXEMPT), AND MAIL TO :**

**Division of Marine Fisheries
1213 Purchase St.
New Bedford, MA. 02740
Att: Jerry Moles**

Telephone inquiries: 508 990-2860, ext 129 Jerry Moles