



**THE COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF MARINE FISHERIES  
PRIVATE SHELLFISH AQUACULTURE APPLICATION FORM  
2021**



**Name :** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Business Name (dba) \_\_\_\_\_

State **Commercial** Shellfish Permit # \_\_\_\_\_

**Are you also a wholesale dealer?** Yes \_\_\_ No \_\_\_ If Yes, what is your dealer permit number \_\_\_\_\_

**Location of aquaculture license site(s) (grants)**

Town issued license #	Waterbody where the site is located (DSGA)	Species Cultured on Site* [Oy; SSC; Qu; BS; SC; BM]	Type of Gear Utilized (floating cages, bottom cages, bottom planting, etc.)	# of Acres	Date License Issued	Date License Expires

\*Oy=oyster; SSC=softshell clam; Qu=quahog; BS=bay scallop; SC=surf clam; BM=blue mussel

**A. Seed Purchases and Grow out Activities:**

Do you intend to purchase seed shellfish, Yes \_\_\_ No \_\_\_? If so, complete the table below. See a list of current and previously approved hatcheries at [www.mass.gov/service-details/find-an-approved-shellfish-seed-hatchery](http://www.mass.gov/service-details/find-an-approved-shellfish-seed-hatchery)

Species	Amount	Hatchery/Individual where Seed will be Obtained (include specific location if source has multiple sites)	Size of Seed

Will seed be held at an intermediate grow-out location (upweller, nursery site) prior to planting on your primary grow-out site(s) Yes \_\_\_ No \_\_\_? If yes, complete section B. If no, move on to section C.

**B. Intermediate Grow-out (nursery):**

Permits may be endorsed to authorize the intermediate grow-out of seed shellfish at locations, **such as an upweller or nursery site, prior to planting on the final grow-out site.** Permission must be obtained from DMF through an amendment to your permit prior to conducting any off-site intermediate grow-out activities. Depending on the location of your intermediate grow-out site health screening prior to movement to the final grow-out location may be required. Intermediate grow-out sites located in contaminated waters are subject to size limitations and require a written operational plan (NSSP Model Ordinance Ch VI, .03).

Is the alternative intermediate grow-out site located **in-water** \_\_\_\_ or is it **land-based** \_\_\_\_?

**Where is the intermediate grow-out site located (address or license site number)?**

\_\_\_\_\_

Are you the site license holder (if in-water) or property owner (if land-based) **Yes** \_\_\_ **No** \_\_\_? **If No, who is?** \_\_\_\_\_

What type of gear will you use for intermediate grow-out activities?

\_\_\_\_\_

What aquaculture license site(s) will seed be transplanted to following intermediate grow-out?

\_\_\_\_\_

What size will seed be when transplanted? \_\_\_\_\_

**C. Culling** (Pursuant to 322 CMR 15.08(5), off-site culling locations are subject to inspection.):

Do you intend to cull shellfish at a location other than your licensed site, **Yes** \_\_\_ **No** \_\_\_? If so, what is the address of culling location (s) (no P.O. Boxes) \_\_\_\_\_

\_\_\_\_\_

**D. Sale of Seed Shellfish:**

Propagation permits may be endorsed to authorize the sale (sale, trade or barter) of seed shellfish to persons holding a valid permit from DMF or a similar permit from other states or provinces. Prior to the sale of any species of seed shellfish permission must be obtained from DMF through an amendment to this permit and a health screening may be required. Additional permits and screening may be required for sales to other states or provinces. Sale of seed shellfish to persons not appropriately permitted is prohibited.

What species and size do you intend to sell?

\_\_\_\_\_

What location(s) will seed be sold from (e.g. license site #, upweller location)?

\_\_\_\_\_ What locations will the seed be sold to (please select

all the following that apply)? Within the same DSGA \_\_\_\_ Within the same Waterbody \_\_\_\_

Within Massachusetts \_\_\_\_ Other States \_\_\_\_ Other \_\_\_\_\_

**E. Off-Site Overwintering:**

Do you intend to overwinter shellfish off your license site? Yes \_\_\_ No \_\_\_

Permits may be endorsed to authorize the overwintering of cultured shellfish **at locations other than your primary grow-out site** for the purposes of replanting in the spring. Overwintering may only be conducted at authorized land-based facilities or in the water on an alternative licensed site listed on this permit. If you intend to overwinter shellfish in the water at sites other than your primary grow-out site, the sites must be licensed and listed on this permit and health screening may be required prior to replanting. Shellfish overwintered at land-based facilities **shall not** be direct marketed from the overwintering site. Pursuant to 322 CMR 15.08(5), land-based overwintering locations listed on your permit are subject to inspection.

What species will be overwintered? \_\_\_\_\_

Describe overwintering method (pit, cooler, in-water) \_\_\_\_\_

List the license site number or address where overwintering activities will occur: (No P.O. Boxes):

\_\_\_\_\_

**F. Spat Collection:**

Do you intend to collect seed by spat collection methods (i.e. Chinese hats, steamer tents, netting, cultch) Yes \_\_\_ No \_\_\_? If yes, what kind of gear will you use? \_\_\_\_\_

Will spat collection activities be conducted **on** \_\_\_ or **off** \_\_\_ your license site? If off site, where?

\_\_\_\_\_

**G. Other Information:**

**1.) Wild Harvest:**

Do you also harvest wild shellfish from public beds for commercial purposes? Yes \_\_\_ No \_\_\_

If Yes, check all species that apply. Quahogs Oysters Soft-shell Clams Razor Clams

Bay Scallops Sea Scallops Ocean Quahogs Surf Clams Blood Clams Blue Mussels

**2.) Bird Management Plan for Floating Gear:**

Do you utilize floating gear for shellfish cultivation Yes \_\_\_ No \_\_\_? If yes, complete the section below.

To comply with recent changes in the NSSP Model Ordinance (Ch VI, .04) growers that use floating gear are required to have a written operational plan to take measures to prevent birds from congregating on the gear.

**You must select one of the following options.**

Which of the following measures do you take to prevent birds from congregating on your floating gear?

Kites/Streamers \_\_\_\_\_ Spikes/Zip-Ties \_\_\_\_\_ Faux Predators \_\_\_\_\_ Wire/Cage Exclusion \_\_\_\_\_

Sweeps/Spinners \_\_\_\_\_ Other \_\_\_\_\_

\*If DMF observes that the utilized bird deterrent technique is not effective you will be required to take an alternative approach.

**2.) Source of Ice:**

Will you use ice obtained from locations other than permitted retail or wholesale facilities (e.g., a private ice machine located at a residence) to cool market-bound shellfish Yes \_\_\_ No \_\_\_? If yes, complete the section below.

DMF regulations at 322 CMR 16.04(5) set standards for the source of ice used by harvesters to cool market-bound shellfish. If ice is manufactured at locations other than permitted retail and wholesale facilities (e.g., a private ice machine located at a residence), DMF requires harvesters to retain and provide records to be submitted with your annual aquaculture report, to ensure the ice is produced in a sanitary manner.

Where is the ice machine located (address)? \_\_\_\_\_  
\_\_\_\_\_

What is the make/model of the machine? \_\_\_\_\_  
\_\_\_\_\_

(Send DMF schematics from manual if you have not already done so)

Is this a private residence Yes \_\_\_ No \_\_\_? What is the source of the water used to make the ice?  
Municipality: \_\_\_ Private Well: \_\_\_ Other: \_\_\_\_\_. Include a copy of water quality test results conducted in the past 6 months that shows the source complies with drinking water quality standards at 310 CMR 22.00. Results of tests from municipal water sources can usually be found online on the municipality’s website. Do you keep a record of when the machine is cleaned Yes \_\_\_ No \_\_\_? A record will be required in the future and shall be reported in the cleaning log section of your 2021 Private Aquaculture Annual Report (year end).

**3.) Re-submergence During the *Vibrio* Control Season:**

Will you re-submerge market-sized shellfish during the *Vp.* control season? Yes \_\_\_ No \_\_\_ If yes, describe your re-submergence plan by answering the three questions below:

- 1. What method of containment will you use (e.g., broadcast, holding cars, cages, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. How will you segregate re-submerged shellfish within your grant site(s)? (what section or area are re-submerged shellfish kept separate)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. What method of tagging and record keeping will you utilize to identify re-submerged shellfish and ensure product is not harvested prior to the required re-submergence period?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.) Authorized Workers:**

Will you have employees, partners or other workers whom you will authorize to remove shellfish from your license site(s) for any of the following three reasons: #1. For sale to a wholesale dealer #2. To cull shellfish at an approved off-site location #3. For overwintering purposes at an approved location?  
 Yes \_\_\_ No \_\_\_ If yes, provide the following information (use separate piece of paper if needed).

Name of Individual	Phone #	Grant Site #(s) they work	Are they propagation permit holders?	Do they have an employee transaction card?

\* All employees who will be selling product from your aquaculture site to a dealer on behalf of you and your business must obtain an endorsement-only permit with a shellfish endorsement, and employee transaction card linked to at least one of your (the employer or business) commercial permits. A list of all employees/volunteers who work on your site shall be submitted to your Shellfish Constable.

5.) Do you intend to conduct other activities? If so, describe in detail on a separate piece of paper.

6.) 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 describe in detail on a separate piece of paper.)

**All information furnished on this application is true and accurate to the best my knowledge. I will notify the Marine Fisheries Shellfish Sanitation and Management Program immediately of any changes.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**DOR Affidavit**

By statutory mandate of C. 233 of the Acts of 1983, the Dept. of Revenue is requiring the below affidavit certifying your compliance with the Revenue Laws of the Commonwealth. Failure to accurately execute the enclosed affidavit will result in the non-issuance of your license. Should you have any questions you may contact the Dept. of Revenue at 1-800-392-6089. Pursuant to M.G.L. Ch. 62c, s. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Federal ID No. \_\_\_\_\_

Signature of Individual or Corporate Name \_\_\_\_\_

Corporate Officer (if applicable) by: \_\_\_\_\_

**\*\*\*SEND THIS FORM ALONG WITH A \$10.00 CHECK OR MONEY ORDER PAYABLE TO\*\*\*  
 COMMONWEALTH OF MASSACHUSETTS AND MAIL TO:**

**Division of Marine Fisheries  
 706 South Rodney French Boulevard  
 New Bedford, MA 02744 Attn: DMF Shellfish- Chrissy Petitpas  
 Telephone inquiries: (508)742-9766**