

All non-resident commercial applications must be received at least 5 business days prior to the license drawing date.

The Greater Frenchman Bay Regional Shellfish License Application

Ellsworth Franklin Hancock Lamoine Sorrento Sullivan Trenton

Print Name _____

Date _____

License Choice (check appropriate boxes)

Commercial License

Resident

- Regular - \$400
- Junior - \$200
- Senior - \$200

Non Resident

- Regular (10 only, by drawing) - \$600
- Senior (65 and over) (Unlimited) - \$300
- Junior (16 and under) (Unlimited) - \$300
- New Renewal

Recreational (Peck Only) Licenses*

- Resident Recreational - \$5
- Non-Resident Recreational - \$10
- Junior/Senior Recreational - \$1 Agent Fee
(16 & under / 65 and older resident or non resident)
- Family Recreational (no additional charge)

*Recreational license applicants may not hold a state clam license or a municipal license from any other Maine community.

Section 1 – All Applicants:

Mailing Address: _____
 City, State, Zip _____
 Physical Address: _____
 City, State, Zip _____

Home Telephone: _____
 Cell Phone: _____
 E-mail _____

Date of Birth: _____ Age _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Section 2 – Commercial Applicants Only:

State Clamming License Number _____

I reside in an outside town with a Shellfish Ordinance. Yes No

I reside in an inland town or a town without a commercial shellfish harvest areas. Yes No

I hold a Municipal Shellfish License from an outside town. Yes No

Permanent Physical Address _____

How long have you lived at this residence? _____ Own or Rent? _____

If you rent, the name and phone number of your landlord? _____

Mailing Address _____

Property Tax Payer Applicant: (Two forms of proof are required) Yes No Yrs. Owned _____

Where: Street Address _____ Town _____ Map and Lot _____

On back, or attach separately, proof of required conservation time.

Section 3 – All Applicants:

Residents Only: I, (print) _____, affirm that I am a domiciled resident for more than 1 year or property taxpayer for more than 5 years in the town of _____, Maine.

I understand and acknowledge that any false statement on this application will cause said license to become invalid and all fees to be forfeited. I further understand and acknowledge any convicted violation of this ordinance will cause the loss of seniority in any future license drawing and that multiple (3 or more) convictions shall result in permanent loss of said license. By signing this document, I acknowledge I have read and understand the Ordinance and Policy. I will comply with all rules and policies contained or forfeit my license, any fees paid and seniority in future drawings.

Applicant Signature _____

Section 4 – Participating Town & Administrative Use Only

License # _____ Type _____ ID Verification _____
 Fee Paid _____ Cash Check Credit Card Driver's License # _____
 Issue Date _____ Expiration Date _____ Social Security # _____

Issuing Clerk - Please Fax to City of Ellsworth – 667-4908