

MUNICIPAL LICENSE ALLOCATION REQUEST

Page 1 of 2

Annually, as indicated by your ordinance, your municipality or regional program must submit a request for the number of licenses to be sold during the next licensing period.

PROCEDURE

1. Contact the Regional DMR biologist responsible for your town. His or her agreement will be required for any license allocation proposed by your municipality. (See the last page for your Area Biologist)

2. Fill out the application on the following page. Submit the completed application, *at least 30 days* prior the requested date, to the appropriate Area Biologist by one of the following methods:

A. By Mail (USPS):

Shellfish Program Coordinator
Shellfish Management Program
P.O. Box 8
West Boothbay Harbor, Maine 04575-0008

B. By Email:

- A. Complete the form on your computer
- B. Save the form on your computer with a distinctive name.
(Example the town of Myaville might be saved as "Myaville-allocation01-02-10")
- C. Send the completed form electronically to:

DMRPublicHealthDiv@maine.gov

Tel/Fax: 207-633-9515 or 207-633-9579

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Page 2 of 2

To: Area Biologist _____ Date: _____

From: _____ Date Licenses go on sale: _____

The Shellfish Conservation Committee upon review of the shellfish resources and in consultation with the DMR Regional Biologist requests the following shellfish license allocation for the coming year.

| <i>License Class</i> | <i>Number</i> | <i>Cost @</i> |
|----------------------------|---------------|---------------|
| <i>Commercial</i> | | |
| Resident | _____ | _____ |
| Nonresident | _____ | _____ |
| Senior Resident | _____ | _____ |
| Senior Nonresident | _____ | _____ |
| Junior/Student Resident | _____ | _____ |
| Junior/Student Nonresident | _____ | _____ |
| Other | _____ | _____ |
| <i>Recreational</i> | | |
| Resident | _____ | _____ |
| Nonresident | _____ | _____ |
| Senior Resident | _____ | _____ |
| Senior Nonresident | _____ | _____ |
| Junior Resident | _____ | _____ |
| Junior Nonresident | _____ | _____ |
| Nonresident Day/Week/Month | _____ | _____ |
| Res. Day/Week/Month | _____ | _____ |
| Nonresident. Other | _____ | _____ |

Contact Person for the Shellfish Committee or municipality:

Name: _____ Title: _____

Address: _____

Telephone: _____

