

MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE
284 State Street, 41 SHS Augusta, ME 04333
Phone 207-287-8000 / Fax 207-287-8094

APPLICATION FOR BAITFISH WHOLESALE LICENSE

In accordance with the provisions of the Revised Statutes, Title 12, section 12551-A (6) baitfish wholesaler's license

New Applicant _____ (1717) Renewal Applicant _____ (1717) Last Year Licensed: _____ **Annual Fee \$26**

Name: _____
First Last MI

Date of Birth: _____ Gender: _____ Moses ID Number: _____

Eyes: _____ Height: _____ Hair: _____ Weight: _____ Social Security #: _____
(First Applicant Required)

Physical Address: _____
Street or Road City or Town Zip Code

Mailing Address: _____
(If Different) Street, Road or Box # City or Town Zip Code

Legal Residence: _____
City or Town State

Email Address: _____ Phone: _____

Driver's License State: _____ Driver's License Number: _____

Are you retailing bait under this license? _____ Yes _____ No **(Required Field)**

Retail Sales Physical Address: _____
Street or Road City or Town

This license permits the taking of live baitfish from inland waters or private ponds, and the retail sale of baitfish. If a person intends to sell from more than one location, each location must be licensed separately by obtaining a Live Bait Retailer's License.

Note: Bait Wholesale License holders are required to submit an annual report on catch information to the Department. Those failing to submit a report on forms provided by the Department, may be prohibited from obtaining a license the following year.

Signature of Applicant: _____ **Date:** _____

MAIL OR FAX APPLICATION WITH THE APPROPRIATE FEE:
Make check payable Treasurer State of Maine

Department of Inland Fisheries and Wildlife
Licensing Division
284 State Street, SHS 41
Augusta, ME 04333

December 2019

CREDIT CARD PAYMENT

All Major Credit Cards Accepted

Name on Card: _____

Card #: _____

Expiration Date: __ / __ Code: ____