

**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 LIVE BAIT RETAIL LICENSE**

*In accordance with the provisions of the Revised Statutes, Title 12, section 12551-A (5) live bait retailer's license*

New Applicant \_\_\_\_\_ (1719) Renewal Applicant \_\_\_\_\_ (1719) Last Year Licensed: \_\_\_\_\_ **Annual Fee \$16**

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: \_\_\_\_\_

Retail Sales Physical Address: \_\_\_\_\_  
Street or Road City or Town

**This license permits the sale of live smelts and live baitfish from one location. If a person intends to sell from more than one location, each location must be licensed separately.**

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

**CREDIT CARD PAYMENT**

**All Major Credit Cards Accepted**

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_ / \_\_     Code: \_\_\_\_