

APPLICATION FOR SHELLFISH GRANT LICENSE #851

DATE: _____

This request is being made under Mass. General Law, Chapter 130, Sections 57 & 59 and the Town of Wellfleet Shellfishing Policy and Regulations 7.2. Previously Established Grants that Become Available.

Name _____

Address _____

Telephone _____ Cell Phone _____

Email _____

GENERAL INFORMATION

Previous shellfishing experience:

How long have you had a commercial shellfish permit? (list years)

How long have you lived in Wellfleet?

Additional comments:

By applying for this license and signing below, the applicant agrees to comply with the Town of Wellfleet's Shellfish Policy and Regulations. The applicant also acknowledges that s/he will be held responsible to MGL Ch. 130 and CMR 322, as well as the most recent SEMAC Best Management Practices, DMF's vibrio control plan, National Shellfish Sanitation Program's Guide and DPH's Regulations for Fish and Fishery Products, as they apply to the harvest of shellfish governing his/her business operations.

Signature of Applicant

Shellfish Constable

FIVE-YEAR PLAN

(Each license holder should specify his/her own plan if jointly applying but grant areas will be worked independently. Please use additional sheets of paper as necessary to fully outline your plan in detail.)

Grant # _____

Name(s) _____

Acres _____

Location _____

Business Purpose:

I. Types and amounts of shellfish to be raised year by year (2023-2027)

II. Seed sources (Specify hatcheries, wild spat collecting and where, etc. for each type of shellfish)

III. Method of Propagation and Equipment to be used (Specify for each type of shellfish. Please highlight any new gear investments.)

IV. Infrastructure employed both on-site (vessels, trucks, trailers, etc.) and off-site (pits/storage containers/refrigerated units, culling facilities, ice machine, etc.) and where located

V. Means of access to grant:

VI. Other strategies to support the business