

2023
TOWN OF WELLFLEET
Annual Report of Shellfish Activity
DUE: FEBRUARY 28, 2024

Grant License Location (Area)	Name(s)
Grant number	Address
Number of Acres	Phone number
Propagation Permit number	E-mail address

A. OYSTERS

1. Total amount of seed planted (pieces) _____

2. Source of seed and pieces of each:
 - a. Local **wild** stock: Chipman’s Amounts _____
 Collected on a Grant Amounts _____

 - b. Amount of **wild** stock purchased _____
 From whom _____
 _____ _____
 _____ _____
 _____ _____
 _____ _____

 - c. Hatchery stock (list each hatchery first, then amounts on following line)
 _____ _____
 _____ _____
 _____ _____
 _____ _____
 _____ _____
 _____ _____
 _____ _____
 _____ _____

3. Number of mature shellfish sold (pieces) _____

4. Number of shellfish remaining on bed (pieces) _____

5. Other grants used for your oyster grow out

Grant number	Grant holder	Number of oysters planted/sold/remaining
_____	_____	_____
_____	_____	_____

6. Oyster Seed Sales

Number of pieces sold	Wild or Name of Hatchery	To Whom (use additional sheet, if necessary)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. QUAHOGS

1. Total amount of seed planted (pieces) _____

2. Source of seed and pieces of each:

a. Hatchery stock (list each hatchery first, then amounts on following line) _____

b. Amount of other quahog seed purchased _____

From whom _____

3. Number of mature shellfish sold (pieces) _____

4. Number of shellfish remaining on bed (pieces) _____

5. Other grants used for your quahog grow out

Grant number	Grant holder	Number of quahogs planted/sold/remaining
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6. Quahog Seed Sales

Number of pieces sold	Name of Hatchery	To Whom (use additional sheet, if necessary)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

C. OTHER SHELLFISH GROWN

1. Type of shellfish _____

2. Number of pieces planted _____

3. Number of pieces sold _____

D. HOSTING: Please list who you allow to grow shellfish on your grant, species and amounts (use additional sheet, if necessary)

Name	Species	Amounts
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I (We), the undersigned, do hereby certify under the penalties of perjury that the information contained in this report is a true and valid presentation of grant activities as required by Chapter 130, Section 65, M.G.L.A.

Date	Licensee/s	Licensee/s
	Address	Address
	Licensee/s	Licensee/s
	Address	Address

.....
 I certify that, based on an inspection conducted by me on the above, the estimates of the numbers of shellfish remaining on the bed and the estimated value of the shellfish on the bed are reasonably accurate.

Date	Shellfish Constable
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 I/We hereby include payment for grant fees for the current year equal to \$25/acre per license holder as established by Wellfleet Shellfishing Policy and Regulations, Section 7.3. Annual License Fee
The annual fee for an aquaculture license to be paid to the Town by each licensee shall be \$25.00 per acre (or portion thereof), as required by MGL Chapter 130; Section 64. (Annual fee for license: Every such licensee or transferee shall pay to the city or town, on or before a date to be fixed by the aldermen, city council or selectmen, an annual fee of not less than five nor more than twenty-five dollars per acre, or part thereof. If any such fee is not paid within six months after it becomes due the license shall thereupon be forfeited.)

TOTAL ACREAGE	X \$25/acre (or portion thereof)	= \$ _____
		TOTAL DUE per acre by 2/28
LICENSEE		\$ _____
		TOTAL PAID
LICENSEE		\$ _____
		TOTAL PAID
LICENSEE		\$ _____
		TOTAL PAID
LICENSEE		\$ _____
		TOTAL PAID

Each license holder must purchase a Town of Wellfleet Commercial Shellfishing Permit and Commonwealth of Massachusetts Commercial Fishing Permit endorsed for Shellfish by January 31 each year.

FIVE-YEAR PLAN

(Each license holder should specify his/her own plan if grant areas are worked independently.)

Grant # _____

Name(s) _____

Acres _____

Location _____

I. Types and amounts of shellfish to be raised

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

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

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

V. Means of access



Wellfleet Shellfish Department



300 Main Street, Wellfleet, Massachusetts 02667

Grant Employee Form

Grant Holders names and cell phone #s:

Grant #(s): _____

Employee names and cell phone numbers:

Signature

Print name Date _____

Phone (508) 349-0325



Fax (508) 349-0305