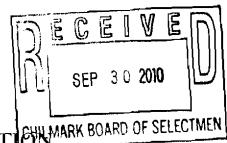


## TOWN of CHILMARK AQUACULTURE LICENSE APPLICATION



Please print in ink or type

Name of Applicant:	nis M	- Jusan	Telephone:	15-79(06
Address - Residence 348 N	arth Ro	<u>.</u>	Mailing: <u>5(Λ</u> ν	ne
Email Address:		_		
Chilmark Commercial Permit #y	140_F	amily Permit #	#	
Massachusetts Propagation Permi	t#	_ <del>_</del>		
Application Fee - \$100.00 (Make	Check Payab	le to Town of (	Chilmark)	
Type of License - Floating	Bottom_			
SPECIES TO BE CULTURED Species Soft-shelled Clams hard-shelled Clams	(Check Appro Seed		s) ults	Both
Oysters Bay Scallops				
Mussels			_ <del>_</del>	<u>V</u>
SEED (If Applicable)				
Source:Hatchery (Loc	eation & Certif	ication)		
Town:State:		<u> </u>		
Dealer Name:		Address:		
Number to be Obtained:	Size:	Date_,	_Expected Re	moval Date:
Do you intend to sall Seed ? Ve	z To:		1	No

## • 1 ADULTS (If Applicable)

Source: Hatchery (Location & Certification)	
Chilmark Public Beds (Location)	_
Other Town (Name):	
State (Name):	
Dealer (Name, Address)	
Number of bushels To Be Obtained:Date:	
Expected Removal Date:	
CULTURE AREA	
Location Pond or Bay (Specify)	
Outside Waters Specify) Nov the Share	
Number of Acres:	
ATTACH A MAP SHOWING (To SCALE) THE LOCATION AND SIZE OF THE DESIRED AREA	
PROPOSED STRUCTURES	
Number Size	
Location within culture area (Sketch on back)	
Description of	
Construction:	
EQUIPMENT INVOLVED IN THE AQUACULTURE OPERATION	
EQUITMENT ENVOLVED IN THE AQUACULTURE OF ERITION	
Little Lady 766737 GVN/BK 42' 348 Kurth Rd	
Vehicle Make/Model/Color Toyo for Pick - Up  Hull Color/Length GVN/BIK 41  When I Govern Address Registration  Owner/Address  Owner/Address  Owner/Address  Some	

## DECLARATION AND SIGNATURE By signing this form, I certify that I am a full time resident of the Town of Chilmark and that I have received and read the statement of Policy and Regulations for Chilmark's Floating and Bottom License.

Please Print Name Deunis M. Jusu Signature Date a La la

Please Do Not Write Below This Line

Date Application Received	Time			
Application Pee Paid \$	Date			
Recommended or Not Recommended				
Chairman, Shellfish Advisory Committee	Date			
License No Date Granted	<del></del>			
Three Year Term to Begin On _				
Annual License Fee of \$ To Re Paid Ry This Date				

**BOARD OF SELECTMEN**