

TOWN of CHILMARK
AQUACULTURE LICENSE APPLICATION

Please print in ink or type

Name of Applicant: Matt Mayhew Telephone: 774-563-1228

Address - Residence 127 State Rd Mailing: ^{Po Box} 123 Chilmark MA 02535

Email Address: harpoonedm@yahoo.com

Chilmark Commercial Permit # Family Permit #

Massachusetts Propagation Permit#

Application Fee - \$100.00 (Make Check Payable to Town of Chilmark)

Type of License - Floating Bottom

SPECIES TO BE CULTURED (Check Appropriate Columns)

Species	Seed	Adults	Both
Soft-shelled Clams	<u> </u>	<u> </u>	<u> </u>
hard-shelled Clams	<u> </u>	<u> </u>	<u> </u>
Oysters	<u> </u>	<u> </u>	<u> </u>
Bay Scallops	<u> </u>	<u> </u>	<u> </u>
Mussels	<u> </u>	<u> </u>	<input checked="" type="checkbox"/>

SEED (If Applicable)

Source: Hatchery (Location & Certification)

Town: State:

Dealer Name: Address:

Number to be Obtained: Size: Date Expected Removal Date:

Do you intend to sell Seed ? Yes No

ADULTS (If Applicable)

Source: _____ Hatchery (Location & Certification) _____
 _____ Chilmark Public Beds (Location) wild seed _____
 _____ Other Town (Name): _____
 _____ State (Name): _____
 _____ Dealer (Name, Address) _____

Number of bushels To Be Obtained: _____ Date: _____

Expected Removal Date: _____

CULTURE AREA

CHILMARK

Location _____ Pond or Bay (Specify) _____
 _____ Outside Waters Specify) _____

Number of Acres: 5 _____

ATTACH A MAP SHOWING (TO SCALE) THE LOCATION AND SIZE OF THE DESIRED AREA

PROPOSED STRUCTURES

Number 10 Size 500ft
 Location within culture area (Sketch on back)


Description of Construction: _____

EQUIPMENT INVOLVED IN THE AQUACULTURE OPERATION

Boat Name/Registration No. <u>Quitsa Strider</u>	Hull Color/Length <u>Blue 68</u>	Owner/Address <u>127 state Rd chilmark</u>
Vehicle Make/Model/Color	Registration	Owner/Address

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 Matthew Mayhew Signature 

Date 10/1/10

Please Do Not Write Below This Line

Date Application Received _____ Time _____

Application Fee Paid \$ _____ Date _____

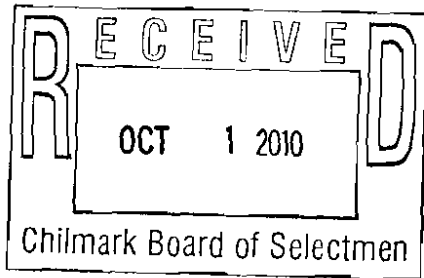
Recommended or **Not Recommended**

Chairman, Shellfish Advisory Committee _____ Date _____

License No. _____ **Date Granted** _____

Three Year Term to Begin On _____

Annual License Fee of \$ _____ To Be Paid By This Date _____



BOARD OF SELECTMEN