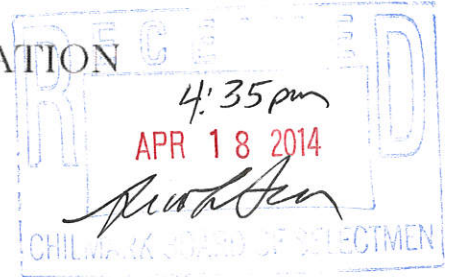




TOWN of CHILMARK  
AQUACULTURE LICENSE APPLICATION



Please print in ink or type

Name of Applicant: MELANIE FLANDERS Telephone: 508 726 3468

Address - Residence 75 STATE ROAD Mailing: 75 STATE ROAD

Email Address: ms122imf@gmail.com

Chilmark Commercial Permit #y 5 Family Permit # 5

Massachusetts Propagation Permit# ~~05200006~~

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	_____	_____	_____
hard-shelled Clams	_____	_____	_____
Oysters	_____	_____	<u>✓</u>
Bay Scallops	_____	_____	_____
Mussels	_____	_____	_____

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 \_\_\_\_\_ To: \_\_\_\_\_ No ✓

pd \$100. -  
ct #2907  
4/18/14 am

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) \_\_\_\_\_  
Number of Acres: \_\_\_\_\_

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

PROPOSED STRUCTURES

Number 30 Size 4x4'  
Location within culture area (Sketch on back)


Description of  
Construction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EQUIPMENT INVOLVED IN THE AQUACULTURE OPERATION

Boat Name/Registration No. <u>MS1221MF</u>	Hull Color/Length <u>BLUE 16'</u>	Owner/Address <u>MELANIE FLANDERS 75 STATE ROAD</u> <u>CHILMARK MA</u>
Vehicle Make/Model/Color <u>FORD F150 BLUE</u>	Registration <u>1590YN</u>	Owner/Address <u>SAME 02535</u>

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 MELANIE FLANDERS Signature 

Date 4/15/14

*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**

To Selectmen

I would like to start growing oysters in Menemsha pond. I plan on investing 20,000 into the business. I will use this to buy the equipment I'll need. I have a boat/barge design I'm going to build. This will be my work platform. I have yet to decide who I will buy seed from but there seems to be plenty of options. Ideally I would like to get seed in October and have them growing over the winter.

I have been told by a couple of the guys already in the business that they would be happy to help me out. I believe I have the work ethic to make this venture a success and am excited to get started.

Thank you for your consideration

Melanie Flanders



Commonwealth of Massachusetts  
Department of Fish and Game  
DIVISION OF MARINE FISHERIES  
**COMMERCIAL PERMIT  
SHELLFISH & ROD & REEL**

Permit ID: 155845

EXPIRES: 12-31-2014

FLANDERS, MELANIE E  
75 STATE RD  
CHILMARK, MA 02535

DOB: 12-21-1978

ISSUE: 12-23-2013

Signature:



Commonwealth Of Massachusetts  
Division of Marine Fisheries  
**SHELLFISH IDENTIFICATION CARD**

FLANDERS, MELANIE E

PERMIT ID 155845

