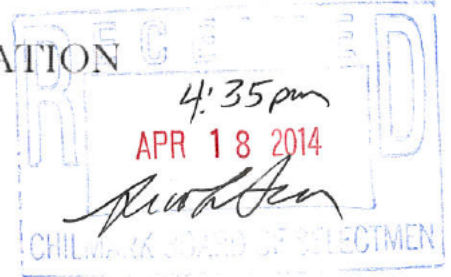




TOWN of CHILMARK
AQUACULTURE LICENSE APPLICATION



Please print in ink or type

Name of Applicant: MEANIE FLANDERS

Telephone: [REDACTED]

Address - Residence 75 STATE ROAD

Mailing: 75 STATE ROAD

Email Address: [REDACTED]

Chilmark Commercial Permit #y 5 Family Permit # 5

Massachusetts Propagation Permit# ~~05010046~~

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. [REDACTED]	Hull Color/Length BLUE 16'	Owner/Address MELANIE FLANDERS [REDACTED] STATE ROAD CHILMARK MA
Vehicle Make/Model/Color Ford F150 BLUE	Registration 1590YN	Owner/Address SAME 02535

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 FANDERS 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: [REDACTED] EXPIRES: 12-31-2014

FLANDERS, MELANIE E
75 STATE RD
CHILMARK, MA 02535

DOB: [REDACTED]
ISSUE: 12-23-2013

Signature: [REDACTED]



Commonwealth Of Massachusetts
Division of Marine Fisheries
SHELLFISH IDENTIFICATION CARD

[REDACTED]

FLANDERS, MELANIE E

[REDACTED]

