

CLASS

BUS

For Clerks Use Only

**Town of Brunswick****Notice of Intent Application: Resident Bushel Commercial Shellfish License**

85 Union Street | Brunswick, Maine 04011 | Tel: (207) 725-6658 | Fax: (207) 725-6663

**Brunswick Code: Chapter 11, Article 3, Division 4, Section 11-131 to 11-160**

Intents must be filed with the Clerk's Office between Third Thursday in December - Second Thursday in March.

**Name & Contact Information**

Applicant's Name:

Applicant's Address:

Mailing Address:

Phone Number:

Email Address:

Date of Birth:

Place of Birth:

Height:

Weight:

Eye Color:

Hair Color:

Vehicle Make/Model:

Vehicle Plate #:

Boat Type &amp; Registration #:

How long have you lived at the above address?

List all of the addresses you have lived in the past three years, including dates of residence:

What is the nature of your residence in Brunswick:  Home owned by you  Rental Home  Apartment Motel/Hotel  Barracks or Dorm  Friends Residence (Must Match Above)  Other**Landlord or Roommate Information**

Name:

Address:

Tel. #:

**PLEASE STOP: Must be completed in the presence of a Brunswick Municipal Clerk:**

In submitting this letter of intent, I hereby attest under penalties of perjury that the information I provided is accurate and that I am a lawful resident of the Town of Brunswick, where "resident" is defined by the Brunswick Town Code as a person who has physically resided at a fixed, permanent, and principal home in the town for at least three (3) months next prior to the time their claim of residence is made, and maintains residency during the license period.

Signature: \_\_\_\_\_

State of Maine | County of Cumberland

Signed and sworn before me on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Printed Name)

Notary Signature: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

Town Clerk Use Only: *Applicant must provide the Town Clerk satisfactory proof of residency/ID*

Identification: \_\_\_\_\_ Date Filed: \_\_\_\_\_

## **Resident Address Changes**

First Change of Address	Date:
Residence Address:	
Mailing Address:	
1 <sup>st</sup> ID:	
2 <sup>nd</sup> ID:	
Harvester's Signature:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Clerk's Signature:	
Notified Marine Warden: <input type="checkbox"/> Clerk's Signature:	
Second Change of Address	Date:
Residence Address:	
Mailing Address:	
1 <sup>st</sup> ID:	
2 <sup>nd</sup> ID:	
Harvester's Signature:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Clerk's Signature:	
Notified Marine Warden: <input type="checkbox"/> Clerk's Signature:	
Third Change of Address	Date:
Residence Address:	
Mailing Address:	
1 <sup>st</sup> ID:	
2 <sup>nd</sup> ID:	
Harvester's Signature:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Clerk's Signature:	
Notified Marine Warden: <input type="checkbox"/> Clerk's Signature:	