

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

CLASS

BUS

For Clerks Use Only

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 & 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: <input type="checkbox"/> Home owned by you <input type="checkbox"/> Rental Home <input type="checkbox"/> Apartment <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Barracks or Dorm <input type="checkbox"/> Friends Residence (Must Match Above) <input type="checkbox"/> 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.			
State of Maine County of Cumberland		Signature: _____	
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 st ID:	
2 nd 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 st ID:	
2 nd 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 st ID:	
2 nd 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:	