

## Town of Brunswick

### Notice of Intent Application: Non-Resident Bushel Commercial Shellfish

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

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**BUS**

*For Clerks Use Only*

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

Intentions 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:
How long have you lived at the above address?			
Vehicle Make/Model:	Vehicle Plate #:	Boat Type & Registration #:	
<b>PLEASE STOP: Must be completed in the presence of a Brunswick Municipal Clerk:</b>			
I _____ affirm that I am a resident of _____ and that (Applicant's Name) (Town or City)			
I deny all claims and privileges for residence for any other community in OR out of the State of Maine. Applying for a commercial license prohibits participation in the student shellfish process for current year. I am applying for a Non-Resident Bushel Commercial Shellfish License at the cost of \$250.00.			
Applicant Signature:		Date:	
Witnessed by:		<i>Brunswick Town Clerk</i>	

*Town Clerk Use Only:*

*Applicant must provide the Town Clerk satisfactory proof of ID*

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

Non-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:	