

**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

**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:

How long have you lived at the above address?

Vehicle Make/Model:

Vehicle Plate #:

Boat Type &amp; Registration #:

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

*Brunswick Town Clerk**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:	