Town of Chatham

Office use only:

SHELLFISH CONSTABLE: [ ] APPROVED
[ ] DISAPPROVED _____
(Date)

PERMIT # _____ DATE ISSUED: _____

APPLICATION FOR A NEW COMMERCIAL SHELLFISH PERMIT

MUST BE RETURNED BY MAY 31st; NO EXCEPTIONS

[ ] Regular $200 [ ] Junior $100 [ ] Senior $50

INSTRUCTIONS:
Complete both sides of this application. Applicant must be a ***permanent, full-time resident of the Town of Chatham.*** Submit to the Chatham Shellfish Constable any additional information or documentation that will support residency. A completed Address Affidavit must also be submitted. Additional documentation may be requested, as the burden of satisfactorily demonstrating eligibility to the Shellfish Constable and the Board of Selectmen rests with the applicant. **ALL NECESSARY FEES MUST ACCOMPANY APPLICATION** and will be returned if your application is denied. The Shellfish Constable shall make a recommendation to the Selectmen within 30 days regarding issuance of permit.

If your application is approved in April, your new permit cannot be used until May 1st.

1. NAME:_____
(Last) (First) (Middle Initial)
2. STREET ADDRESS:_____Zip _____
3. MAILING ADDRESS (if different):_____Zip_____
4. TELEPHONE #: Daytime_____ Evening_____
5. BIRTH DATE:_____ EMAIL: _____
6. PLACE OF BIRTH:_____
(Town) (State) (Country)
7. U.S. CITIZEN: [ ] Yes [ ] No
8. REGISTERED TO VOTE:
[ ] Yes [ ] No IN WHAT TOWN: _____ DATE:_____
9. PRIMARY OCCUPATION: _____
10. CURRENT EMPLOYER'S NAME: _____
ADDRESS:_____
EMPLOYED FROM: _____ TO: _____
12. PREVIOUS EMPLOYER'S NAME: _____
ADDRESS:_____

(MUST COMPLETE REVERSE SIDE)

EMPLOYED FROM: _____ TO: _____

13. DOMICILED (legal resident) IN CHATHAM FROM:_____
(Month) (Day) (Year)
14. DO YOU [ ] OWN or [ ] RENT?
15. IF YOU RENT, OWNER'S NAME & ADDRESS & LENGTH OF LEASE: _____

_____

16. PREVIOUS ADDRESS: _____

LIVED THERE (Show Month & Year) FROM: _____ TO: _____

17. INCOME TAX FILING: FEDERAL_____
(List your address on last year's form)

STATE (if you were not in MA)_____

18. MOTOR VEHICLE REGISTRATION: LICENSE PLATE #:_____

VEHICLE MAKE: _____ MODEL YEAR_____COLOR:_____

ADDRESS SHOWN ON REGISTRATION: _____

PLACE OF PRINCIPAL GARAGING: _____

TOWN TO WHICH LAST EXCISE TAX BILL WAS PAID: _____

19. MOTOR VEHICLE OPERATOR'S LICENSE #: _____

STATE: _____ ADDRESS ON LICENSE: _____

20. BOAT REGISTRATION: MA/DOC. #: _____

MAKE: _____ YEAR:_____ LENGTH:_____

WHERE IS HOME PORT: _____

LOCATION AS OF JULY 1, 2014, TO BE:_____

21. COMMERCIAL FISHERMAN'S PERMIT: MASS. # OF PERMIT_____

ADDRESS ON PERMIT_____

TYPES OF PERMITS HELD: _____

22. STATUS OF LOCAL COMMERCIAL SHELLFISH PERMITS:

PREVIOUS CHATHAM PERMITS (list years): _____

DENIALS BY TOWN OF CHATHAM (list years): _____

CURRENT PERMITS IN OTHER TOWNS (list towns):_____

I affirm that the above information is true and correct and affix my signature hereto under the pains and penalties of perjury and agree by signing below to observe and comply with the Shellfish Regulations of the Town of Chatham and the State of Massachusetts.

_____ _____
(Signature) (Date)

Town of Chatham

2014 ADDRESS AFFIDAVIT FOR COMMERCIAL SHELLFISH PERMITS

Must be completed by all applicants for a new or renewal commercial shellfish permit.

(New commercial permits require a completed application in addition to the affidavit)

AFFIDAVIT

NAME: _____

MAILING ADDRESS:

_____
(Street or P. O. Box)

_____ _____
Town (Chatham, North, West or South Chatham) Zip

HOME ADDRESS: (If different from above)

_____
(Street name, not P. O. Box)

_____ _____
Town (Chatham, North, West or South Chatham) Zip

PHONE NO: _____ _____
Day Evening

_____
Cell phone

Email Address: _____

I affirm that the above is my true and correct domicile and affix my signature hereto under the pains and penalties of perjury:

_____ _____
(Signature) (Date)

Please include me on the Temperature Rule/Emergency notification list: **Yes, be text _____**
(standard text message rates apply) **Yes, by email _____**