2021
TOWN OF HARPSWELL RECREATIONAL SHELLFISH APPLICATION
RESIDENT_____ NON-RESIDENT_____

Name: _____ **Phone Number:** _____
Last First MI

Harpswell Address: _____
House# Street Apt# Town State

Mailing Address: _____
Town State Zip

E-Mail_____

Date of Birth: _____ **Driver's License Number:** _____

Height:_____ **Weight:** _____ **Hair:** _____ **Eyes:** _____

Applicant Residential Information

Home Owner____ _Rent_____ Hotel or Motel ____Mobile Home____Dormitory____0ther____

If Renting or Leasing in the Town of Harpswell

Name of Landlord: _____ Phone Number_____

How long have you resided in the Town of Harpswell: Years: _____ Months: _____

Prior address: _____

Shellfish License History

Do you currently hold or have held within the past year a State of Maine Shellfish License?
No_____ Yes_____ State License Number_____
Is your shellfish license currently under suspension? No_____ Yes____State / Municipal
Has your shellfish license ever been under suspension? No_____ Yes ____State / Municipal

If yes, reason why: _____

SIGNATURE OF APPLICANT AUTHORIZES CONSENT TO INSPECTION BY ALL LAW ENFORCEMENT OFFICERS. APPLICATION ON ITS FACE INDICATES COMPLIANCE WITH STATUTORY CRITERIA AND TOWN ORDINANCES.

I affirm that I am a resident in the Town of _____ and that I disavow all claims and privileges of residency in any other community in or out of the State of Maine. I am aware that any misleading or false information I may provide on this application will void the license issued and may lead to criminal charges against me.

Signature of Applicant: _____Date:_____

Harpswell Town Official Witness: _____ **Date:** _____

You must provide (3) proofs of residency with your name and physical address clearly printed on them
******Applicant must notify Town Clerk of any address changes within 10 days******