

PHIPPSBURG RECREATIONAL SHELLFISH LICENSE

OFFICE USE: Cost: _____ Lic #: _____ Res. Non-Res.

Date: _____ Phone: _____

Name: _____

Local Address: _____

Duration at Address: _____ Legal Residence: _____

Date of Birth: _____ Age: _____ Weight: _____

Height: _____ Hair Color: _____ Eye Color: _____

I Certify that the above information is correct to the best of my knowledge : _____

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By acceptance of this license I am aware that:

If I hold a State of Maine Shellfish License I may only use it to harvest species other than soft-shell clams within the Town of Phippsburg. Use of this Recreational Shellfish License for the purpose of selling is a violation of this ordinance and will result in an automatic one year suspension of the license from the date of conviction (in addition to the penalties provided in 12 MRSA Section 6671).

Signature: _____