



MARINE RESOURCE DEALER APPLICATION 2015

License Year: APRIL 1, 2015 TO MARCH 31, 2016

Part A: Applicant Information

LANDINGS# _____

Business Name: _____

Fed Employer ID or SS#: _____

If a corporate entity, please fill out primary ownership in Part E.

Mailing Address of Business: _____

City: _____ State: _____ Zip Code: _____

Physical Address _____

If different than mailing address

Email _____ Landline: (____) ____ - _____ Cell Phone: (____) ____ - _____

Contact person _____ Phone# _____

Part B: Fishery Information

Applicants must answer 1-5 in Part C

Wholesale Seafood^M \$ 443 Primary Cost

Wholesale Seafood Supp^{AE}
for each vehicle & facility \$87 ea.X # _____ = \$ _____

Total \$ _____

Urchin Buyer^{ACM} +\$ 500

Urchin Processor^{ACM} +\$1000

Total \$ _____

Shellfish Transportation^F \$ 529

Shellfish Trans. Supp.^{EF} \$ 173

for each vehicle \$173 ea.X # _____ = \$ _____

Total \$ _____

Marine Worm Dealer^{GM} \$ 64

Marine Worm Dealer Supp.^{EG} \$ 26

for each vehicle & facility \$26 ea.X # _____ = \$ _____

Retail Seafood^M \$ 100

Enhanced Retail Seaf. Certificate^{MR} \$ 28

Must obtain Retail Seafood Lic. when purchasing the Enhanced Retail Seaf.

Lobster Meat Permit \$ 159

GRAND TOTAL \$ _____

NOTES:

A – You must buy a Wholesale Seafood license

C – Sea Urchin research surcharge

E – Submit separate applications for each additional supplemental license. An additional supplemental license is required for each additional place of business and/or vehicle being licensed

F – License allows transportation of resource beyond the state limits.

G – Available only to Maine Residents-Must meet requirements.

M – Mandatory reporting with primary buyer permit (answer Part C). First time applicants must contact DMR Landings Program (207-633-9500) for reporting requirements.

R. – A facility inspection must be completed prior to applying for this license. Please contact Kohl Kanwit at 207-633-9535 to schedule an inspection. Documentation of passed inspection must accompany this application.

Part C: Additional Information

ANY ADDITIONAL SUPPLEMENTALS SHOULD BE ON THE SECOND PAGE OF THIS APPLICATION

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court.

Please complete if licensing a vessel:

Registration/Documentation # _____

Vessel Name _____ Boat Length _____

Primary Town of Anchorage _____

PLEASE COMPLETE ONLY IF you are licensing a vehicle as the primary on your License

Please complete if licensing a vehicle: Is this vehicle

owned _____ leased _____ rented _____?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

1. Do you buy or intend to buy any marine species from harvesters (fishermen)?^M Yes No

If yes, your license will reflect a primary buyer permit (PBP), allowing you to buy directly from harvesters. Reporting required.

2. Are you an aquaculture facility?^M Yes No

If yes, your license will reflect a primary buyer permit (PBP).

3. Do you handle mahogany quahogs? Yes No

4. In the wholesale trade do you buy, sell, process, ship or transport:

Shrimp^M (purchased from harvesters) Yes No

Herring^M (purchased from harvesters) Yes No

Dogfish^M (purchased from harvesters) Yes No

(Dogfish permit must be purchased by April 15th)

5. Do you sell lobster bait? Yes No

Part D: Certification

I hereby declare that the foregoing information is true and correct. **Making any false statement on this license application is punishable under Title 17-A MRS section 453.**

Signature _____ Date ____/____/____

(Owner or an Authorized Official of the Firm) (Month/Day/Year)

PRINT NAME _____

Under Title 12, §6306, (1)(2) and (3), a person licensed by the Department of Marine Resources has a duty to submit to inspection, search and seizure by a Marine Patrol Officer. Failure to comply with this duty may result in a license suspension.

Business Name _____

Landings # _____

PLEASE COMPLETE IF LICENSING ADDITIONAL SUPPLEMENTAL VEHICLES

PLEASE COMPLETE IF LICENSING SUPPLEMENTAL FACILITIES

Check whether the supplementals are for Wholesale, Shellfish or Marine Worm Licenses.

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
Is this vehicle owned _____ leased _____ rented _____?
Registration (Plate)# _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
Is this vehicle owned _____ leased _____ rented _____?
Registration (Plate)# _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
Is this vehicle owned _____ leased _____ rented _____?
Registration (Plate)# _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
Is this vehicle owned _____ leased _____ rented _____?
Registration (Plate)# _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
Is this vehicle owned _____ leased _____ rented _____?
Registration (Plate)# _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
Is this vehicle owned _____ leased _____ rented _____?
Registration (Plate)# _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
Is this vehicle owned _____ leased _____ rented _____?
Registration (Plate)# _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
Is this vehicle owned _____ leased _____ rented _____?
Registration (Plate)# _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____
Is this vehicle owned _____ leased _____ rented _____?
Registration (Plate)# _____ Make _____
Vehicle ID No. _____
Model _____ Year _____ Color _____

(If different from mailing address.)

Wholesale _____ Marine Worm _____
Street _____

Town _____

Federal Permit # _____
(needed if buying certain species directly from federally permitted vessels – see <http://www.nero.noaa.gov/permits/dealerpermit.html>)

Wholesale _____ Marine Worm _____
(If different from mailing address.)
Street _____

Town _____

Federal Permit # _____
(needed if buying certain species directly from federally permitted vessels – see <http://www.nero.noaa.gov/permits/dealerpermit.html>)

Wholesale _____ Marine Worm _____
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Street _____

Town _____

Federal Permit # _____
(needed if buying certain species directly from federally permitted vessels – see <http://www.nero.noaa.gov/permits/dealerpermit.html>)

Part E: Primary owner information required.

For Corporations or LLC's with six or fewer shareholders, please fill out the highest percentage. Please print legibly.

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

For Corporations/ LLC's with greater than six shareholders, please identify Agent's name that is listed on your corporation documents.

Last Name _____ First Name _____, Address _____

City _____, State _____, Phone # _____

Instructions:

Complete the information in **Part A** on the front of this form. Check license(s) requested in **Part B** and calculate the total fees. Fill out all appropriate supplementals on Page 2 and ensure that you have accounted for them on the front page in **Part B**. Fill out all applicable information in **Part C**. Must meet **residency requirements** under Title 12, Section 6301 if applying for Marine Worm Dealer license. **Certify your application with your signature in Part D**. Must fill in Primary owner information in **Part E**. This is MANDATORY. Enclose this document in an envelope along with a check or money order payable to **Treasurer, State of Maine** or fill out the section below for **credit card payments**, affix a stamp and put it in the mail. **We cannot accept applications by fax or phone**. If you have questions call (207) 624-6550.

Mail to: Licensing Division, Department of Marine Resources, 21 State House Station, Augusta, ME 04333

Credit Card - Check or Savings Payments: I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my VISA MasterCard Discover **or checking /savings account the amount of what is being applied for on this application.**

First Name _____ Last Name _____

MUST BE AS IT APPEARS ON CARD - PLEASE PRINT LEGIBLY AS THIS MAY AFFECT PROCESSING OF APPLICATION

Card No. _____, CVV# _____ expiration date _____

Checking or Savings:

Name on Account _____ Bank Routing Number _____

First 9 digits on your check

Checking or Savings Account Number _____

Check Number, if using checking acct _____

Your credit card and/or savings and checking accounts will be charged for what you have applied for on this application