

**TOWN OF FREEPORT
RESIDENT STUDENT COMMERCIAL SHELLFISH LICENSE**

**LICENSE #
LICENSE EXPIRES:**

NAME:
ADDRESS: MAILING:

DOB:

HEIGHT: HAIR:
WEIGHT: EYES:

By signing this license, I hereby affirm that the information contained on this license is true. I understand that an incorrect statement on my license application will be grounds for revocation of this license. I also consent to routine inspection. I understand that it is my responsibility to notify the Town Clerk immediately if any of my information such as address or phone number changes before this license expires.

Signature of license holder: _____

Issued by: _____ Date:
Town Clerk

**DMR: <http://www.maine.gov/dmr/shellfish-sanitation-management/>
DMR HOTLINE 1-800-232-4733 Shellfish Warden 865-4800**

**Warning: Possession of more than 10% of 2" undersized clams in any total numerical count is unlawful and punishable by a fine of not less than \$100.
(M.R.S.A. Title 12, Section 6671)**

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