TOWN OF FREEPORT RESIDENT STUDENT COMMERCIAL SHELLFISH LICENSE

LICENSE

LICENSE EXPIRES:

NAME:			NAME:		
ADDRESS:		MAILING:	ADDRESS:		
DOB:			DOB:		
HEIGHT:	HAIR:		HEIGHT:	HAIR:	
WEIGHT:	EYES:		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.			y I understand that an of this license. I also the Town Clerk imm	By signing this license, I hereby affirm that the information I understand that an incorrect statement on my license of this license. I also consent to routine inspection. I us the Town Clerk immediately if any of my information suc before this license expires.	
Signature of license holder:			_ Signature of license	Signature of license holder:	
lssued by: Town C	Clerk	Date:		n Clerk	
DMR: http://www.maine.gov/dmr/shellfish-sanitation-management/ DMR HOTLINE 1-800-232-4733 Shellfish Warden 865-4800				DMR: http://www.maine.gov/dmr/s DMR HOTLINE 1-800-232-4733	

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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Date:

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