



# Tisbury Shellfish Department

PO Box 1239  
Vineyard Haven, MA 02568  
508-684-8304

## APPLICATION FOR A COMMERCIAL SHELLFISHING PERMIT

The undersigned hereby applies for a Commercial Shellfish Permit in accordance with the Selectmen's Regulations.

Please print or type

1. Name: \_\_\_\_\_

2. Email: \_\_\_\_\_

3. Phone: \_\_\_\_\_

4. Birthplace: \_\_\_\_\_

5. Date of birth: \_\_\_\_\_ (Applicant must be at least 16 years old)

6. Physical address: \_\_\_\_\_

7. How long at that address? Own ( ) Rent ( )

8. Mailing address: \_\_\_\_\_

9. Previous address: \_\_\_\_\_

10. Are you listed on the published Street List for the Town of Tisbury?

Yes ( ) No ( )

If no, I am enclosing a certificate from the Tisbury Town Clerk certifying that I am now registered on the Tisbury Street List.

11. Occupation: \_\_\_\_\_

12. Place of Employment: \_\_\_\_\_

13. Motor Vehicle Operator's License:

a.) State \_\_\_\_\_

b.) Number \_\_\_\_\_

c.) Address \_\_\_\_\_

14. Automobile Registration:

a.) Make \_\_\_\_\_

b.) Color \_\_\_\_\_

c.) Year \_\_\_\_\_

d.) Registration # \_\_\_\_\_

e.) Address of Registration \_\_\_\_\_

f.) Place of Principal Garaging \_\_\_\_\_

15. Boat Registration (ignore if not applicable)

a.) Make \_\_\_\_\_

b.) Color \_\_\_\_\_

c.) Year \_\_\_\_\_

d.) Registration # \_\_\_\_\_

e.) Address of Registration \_\_\_\_\_

16. Have you previously held a Commercial Shellfish Permit in the Town of Tisbury?

Yes ( ) No ( )

If yes, for what year(s)? \_\_\_\_\_

17. Have you ever been denied a Commercial Shellfish Permit in the Town of Tisbury?

Yes ( ) No ( )

If yes, for what year(s)? \_\_\_\_\_

18. Do you hold a Commercial Shellfish License from the State or from another town?

Yes ( ) No ( )

If yes, what type and which town? \_\_\_\_\_

Applicant **must** be a permanent, full time resident of the Town of Tisbury and must submit satisfactory proof of such residence prior to the issuance of a permit hereunder.

I affirm that the above is true and correct and affix my signature hereto under the pains and penalties of perjury and agree by signing below to observe and comply with the Shellfishing Regulations of the Town of Tisbury.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

If a hardship see Shellfish Committee

Date \_\_\_\_\_ Approve or Deny (circle one)

Shellfish Constable Signature \_\_\_\_\_ Date \_\_\_\_\_