

Declaration and Signature

By signing this form, I certify that I am a full-time resident of the Town of Westport in good standing and that I have received and read the Statement of Policy and Regulations for Westport's Floating and Bottom Aquaculture License.

(Print Name)

(Signature)

(Date)

Proof of Insurance:

(Name of Insurance Company)

(Insurance Policy Number)

(Amount of Insurance)

(Date Policy Starts)

Proof of Bonding:

(Name of Insurance Company)

(Bond Policy Number)

(Amount of Bonding)

(Date Policy Starts)

Please do not write below this line.

Date Application Received: _____

Time: _____ AM / PM

Application Fee Paid: \$ 250.00

Date: _____

Check #: _____

| DATE | PERSONNEL | RECOMMENDED | NOT RECOMMENDED |
|------|------------------------------|-------------|-----------------|
| | Shellfish Committee Chairman | | |
| | Shellfish Constable | | |

Upon Approval

License No. _____ Date Granted: _____ Three-year term to begin: _____

Recording Fee: \$ 5.00 per license Annual License Fee: (\$25.00 per acre): \$ _____

Payment due date: _____ for specific area: _____ Plot # _____

G.P.S. corner coordinates: Use Town Aquaculture Zone Map for location.

1) _____ 2) _____ 3) _____ 4) _____

Paid by Check # _____

In the total amount of \$ _____

**Make checks payable to:

Town of Westport

WESTPORT BOARD OF SELECTMEN