



THE COMMONWEALTH OF MASSACHUSETTS TOWN OF WESTPORT

SHELLFISH AQUACULTURE LICENSE APPLICATION

Please type or print application in black ink and send VIA **Certified Mail** to:

Westport Town Hall
Board of Selectmen's Office
816 Main Road
Westport, MA 02790

Applicant: _____
(Last Name) (First Name) (Middle Initial)

Residence: _____
No. Street City/Town State Zip Code

Mailing Address: _____
(If different from resident address)

Telephone: _____
(home) (cell) (business)

Notice: Before submitting this application, it is very important that you read the appropriate statute law, local rules and regulations, procedures and terms involving a shellfish licensed area.

Proposed area: _____

Secondary area: _____

NOTE: Upon approval of this application, the applicant will be required to comply with the established Regulations and Laws relating to Shellfish Grants and or Licensed areas. The Town of Westport assumes no responsibility or liability for loss of any kind, for any reason. Incomplete or illegible applications will not be processed. Applications submitted without requested attachments will be considered incomplete. The Town assumes no responsibility / liability for incomplete or missing attachments.

Application # _____