



**THE COMMONWEALTH OF MASSACHUSETTS**  
**TOWN OF WESTPORT**  
**APPLICATION FOR TRANSFER**  
(WITHIN FAMILY)

Name: \_\_\_\_\_  
(Please type or print application in black ink)

Address: \_\_\_\_\_

Grant Site #: \_\_\_\_\_ Area Size: \_\_\_\_\_

Reason for no longer operating licensed Shellfish Grant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Applicant on list.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of species on current grant site: \_\_\_\_\_

Number of animals: \_\_\_\_\_

Type of grow-out system: \_\_\_\_\_

Number of bags or cages, etc: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ New Application Date: \_\_\_\_\_

Request: \_\_\_\_\_ Approved or \_\_\_\_\_ Denied

Fee Paid: \_\_\_\_\_ Check or Money Order: \_\_\_\_\_

\_\_\_\_\_  
**Chairman**

\_\_\_\_\_  
**Vice Chairman**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Clerk**  
**Westport Board of Selectmen**