



**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF WESTPORT, MASSACHUSETTS**

**SHELLFISH AQUACULTURE LICENSE
RENEWAL APPLICATION**

Please type or print application in black ink and submit to:

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

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

Residence: _____
(Street) (City/Town) (State) (Zip Code)

Mailing Address: _____
(If different from resident address)

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

Name of Insured: _____
(Company Name)

Grant Site : _____

Grant Development Plans: _____
(please subscribe in detail any changes made since original application)

Has your Annual Report been filed: _____yes _____no

Are all fees owed to the Town, including taxes, current: _____yes _____no

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: Attach copy of liability insurance (\$250,000).

(Name of Insurance Company)

(Insurance Policy Number)

(Date Policy Starts/Ends)

Proof of Bonding: Attach copy of bond (\$25,000 – per site).

(Name of Insurance Company)

(Bond Policy Number)

(Date Policy Starts/Ends)

Please do not write below this line.

License No. _____

Renewal Application received in Selectmen's Office: _____

Renewal Application forwarded to Director of Marine Services: _____

Recommendation of renewal by the Shellfish Advisory Committee: _____

Date of Public Hearing before Board of Selectmen: _____

_____Renewed _____Denied

Renewal License Fee: \$ _____

Check# _____

Cash _____