



Town of Stonington *Shellfish Commission*

APPLICATION FOR A COMMERCIAL PERMIT TO HARVEST SHELLFISH FROM TOWN OF STONINGTON WATERS

1. NAME: _____

2. ADDRESS: _____

3. BOAT DESCRIPTION:

Name: _____ Reg. No.: _____

Color: _____ Type: _____

Length: _____ Place of Docking: _____

4. VEHICLE DESCRIPTION:

Make: _____ Year: ____ Marker No.: _____

5. CONNECTICUT STATE AQUACULTURE PERMIT No.(s): _____

6. This application is made in accordance with the provisions of the Public Health Code of the State of Connecticut. The applicant agrees to allow enforcement officers of the Connecticut Department of Environmental Protection, Stonington Police Department, and Stonington Shellfish Commission members or wardens to inspect the applicant's boat and vehicle to determine compliance with regulations. The applicant also agrees to submit monthly reports, and to notify the Stonington Shellfish Commission immediately of any changes of the information above. The applicant further testifies they have read and understand the commission's Shellfish Resource Management Plan.

Signed: _____

Date: _____