



# Town of Stonington Shellfish Commission

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

1. NAME: \_\_\_\_\_  
(please print)

2. ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

3. BOAT DESCRIPTION:

Name: \_\_\_\_\_ Reg. No.: \_\_\_\_\_

Color: \_\_\_\_\_ Type: \_\_\_\_\_

Length: \_\_\_\_\_ Place of Docking: \_\_\_\_\_

4. VEHICLE DESCRIPTION:

Make: \_\_\_\_\_ Year: \_\_\_\_ Marker No.: \_\_\_\_\_

5. CONNECTICUT STATE 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 Energy & 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_