



**TOWN OF BOURNE**  
**Department of Natural Resources**  
 24 Perry Avenue - Room 102  
 Buzzards Bay, MA 02532-3441  
<http://www.townofbourne.com>



*Shellfish Constable, Marinas, Herring Agent, Harbor Master, Fish & Game Enforcement, Conservation Enforcement & More*

OFFICE: (508) 759-0621  
 POLICE: (508) 759-4451  
 MARINAS: (508) 759-3105  
 FAX: (508) 759-8026

**SHELLFISH PERMIT APPLICATION**

Requirements are specified in the Shellfish Regulations; read complete Regulations for all requirements that may pertain to your desired permit. If all requirements are met, complete this Application and submit with the appropriate payment (Payable to "Town of Bourne") to the Department, along with a copy of your Drivers License or State ID Card, and any supporting documentation specified in the Regulations, requested by the Department or indicated below, or that you feel may assist us in making a determination to approve your Application. The burden of any proof regarding eligibility and requirements rests solely with the Applicant. **\* Complete all information and print clearly \***

TYPE OF PERMIT: \_\_\_\_\_ NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_

NAME (FULL): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

LEGAL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TIME AT ABOVE ADDRESS: \_\_\_\_\_

IF LESS THAN 1 YEAR, PREVIOUS ADDRESS: \_\_\_\_\_

\*ATTACH LEGAL/NOTARIZED LEASE, IF RENTING – EXPIRATION DATE: \_\_\_\_\_

MAILING ADDRESS (If Different): \_\_\_\_\_

CURRENT/PREVIOUS TOWN PERMITS & DATES: \_\_\_\_\_

OTHER/PREVIOUS TOWNS & DATES PERMITTED IN: \_\_\_\_\_

LIST ANY DENIALS/VIOLATIONS IN ANY TOWN: \_\_\_\_\_

\*ATTACH MA COMMERCIAL PERMIT – PERMIT #: \_\_\_\_\_ YEARS HELD: \_\_\_\_\_

PRIMARY OCCUPATION: \_\_\_\_\_

EMPLOYER/ADDRESS/PHONE: \_\_\_\_\_

\*ATTACH PRIMARILY USED VEHICLE REGISTRATION – REG #: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ VEHICLE MODEL: \_\_\_\_\_ VEHICLE COLOR: \_\_\_\_\_

\* ATTACH BOAT REGISTRATION – MS/DOC #: \_\_\_\_\_

BOAT LENGTH: \_\_\_\_\_ BOAT COLOR: \_\_\_\_\_ BOAT TYPE: \_\_\_\_\_

**ANY CHANGES IN THIS INFORMATION MUST BE REPORTED TO THE D.N.R. IMMEDIATELY!**

**COMMERCIAL CATCH REPORT**  
(For Previous Calendar Year)

	PIECES	PECKS	BUSHELS	POUNDS
<b>CLAMS:</b>	_____	_____	_____	_____
<b>CONCHS:</b>	_____	_____	_____	_____
<b>EELS:</b>	_____	_____	_____	_____
<b>OYSTERS:</b>	_____	_____	_____	_____
<b>QUAHOGS: LITTLENECKS</b>	_____	_____	_____	_____
<b>          CHERRYSTONES</b>	_____	_____	_____	_____
<b>          CHOWDERS</b>	_____	_____	_____	_____
<b>          *{ QUAHOGS TOTAL:</b>	_____	_____	_____	_____ }
<b>SCALLOPS:</b>	_____	_____	_____	_____

**SURVEY**  
(Be As Specific As Possible)

In your opinion, what areas in Town have high contents of seed that should be protected: \_\_\_\_\_

In your opinion, what areas in Town are being "fished out" and are in need of propagation: \_\_\_\_\_

I, the undersigned and as named on Page 1, affirm that the information on Pages 1 & 2 of this Application is true, complete and correct and affix my signature hereto under the pains and penalties of perjury. By signing below, I agree to abide by the Shellfish Regulations and any other applicable rules and regulations of the Town of Bourne, as well as all applicable laws, rules and regulations of the Commonwealth of Massachusetts. I understand that perjury, misleading statements, or failure to abide by any laws, rules and regulations may result in permit denial, suspension, or revocation; without compensation or reimbursement, if suspended or revoked.

SIGNED: \_\_\_\_\_ EMPLOYEE: \_\_\_\_\_

*If not signed in the presence of an employee of the Department of Natural Resources, this document must be signed in the presence of a Notary.*

On this \_\_\_\_\_ day of the month of \_\_\_\_\_ in the year \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing to be true under the pains and penalties of perjury.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

**FOR OFFICE USE ONLY:**      DATE: \_\_\_\_\_      APPROVED: \_\_\_\_\_      DENIED: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_      PERMIT #: \_\_\_\_\_