

Attachment B. Application for Non-Resident Commercial Shellfish License

Date: _____ Town License Issued: #NR-_____ Fee Collected: _____ \$352.00

Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

Date of Birth: _____ Driver's License # _____ State: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

State Clamming License Number: _____

Signature of Applicant: _____ Date: _____

Personally appeared the above named _____ and swore that the statements contained herein are true to the best of the applicant's knowledge and information.

Date: _____

Notary Public _____

My Commission Expires: _____

Non-Resident Shellfish Lottery Stub

Number: _____

Name: _____ Resident Town/City: _____