

Applicant Name: _____



2020 Commercial Shellfish Permit Application

Town of Essex, 30 Martin Street, Essex, MA 01929

NOTE: Applications due by March 2, 2020
Payment and bed permit shall be due at the time of Application.
ONLY COMPLETE APPLICATIONS SHALL BE CONSIDERED

“Resident,” for the purposes of eligibility for a Commercial Clamming Permit, shall be defined as a person who maintains a permanent place of abode in the Town of Essex and who resides in that place of abode more than 183 days of the calendar year. Residency confirmation shall be preliminarily confirmed by the applicant’s response to the previous year’s street census, a valid form of government issued photo identification and vehicle registration.

REQUESTED PERMIT TYPE:

- COMMERCIAL \$400
- COMMERCIAL: STUDENT \$200*
- COMMERCIAL: SENIOR \$ -

** To be eligible for the student rate, applicant must provide an **OFFICIAL TRANSCRIPT** from their educational institution that is relative to the current school year.*

Falsification of any information on this application could be grounds for license denial.

I hereby apply for a permit to take clams from authorized areas in the Town of Essex for Commercial purposes:

Name: _____

Residential Address: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Licensed Last Year?: _____ State Permit #: _____

Own Rent I have continually lived at the above address from _____ to _____.

Previous Address: _____

Have you ever had a shellfish permit revoked in any municipality: Yes No

If yes, please explain: _____

I hereby swear and affirm under the pains and penalties of perjury that I am the person named above and that the information provided by me in this document is true:

Signature: _____ Date: _____

If applicant is under the age of 17, parental consent is required:

I hereby swear and affirm under the pains and penalties of perjury that I am a legal guardian for the above applicant and do hereby grant consent to this permit application:

Signature: _____ Date: _____

Applicants Initials: _____



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Proof of residency is required to substantiate the residency requirements. This includes:

(A) Resident must appear on the current street census.

At least 3 of the following are required. All addresses must be identical and match the applicant's response to the Street Listing. Please initial next to the corresponding item which you are submitting.

1. Driver's License _____
2. Vehicle Registration _____
3. Real Estate Tax Bill _____
4. Copy of Lease or Rental Agreement for Real Property _____

Please provide a copy of the above three selections along with the permit application. At the time of submitting the application, please bring originals so that the issuing authority may determine authenticity. If you are unable to obtain three of the four requirements or cannot produce an original please contact the office of the Town Clerk for alternative options at 978-768-7111.

No commercial permit shall be issued until evidence of a current State commercial shellfishing permit has been presented and copied.

Application Approved By: _____ Date: _____

_____ Board of Selectmen, Essex, MA

FOR OFFICE USE ONLY

RESIDENCY:

Current year census returned: Yes No Previous year census returned: Yes No
Real Estate Tax Bill: Yes No Copy of Lease/ Rental Agreement: Yes No

IDENTIFICATION:

Address on ID: _____

Massachusetts Driver's License # OR RMV Card # / Exp. Date: _____

Student transcript: Yes No Date/Semester: _____ School Name: _____

AUTOMOBILE REGISTRATION: Yes No Exp: _____ COMPANY/CORP OWNED: Yes No

Fee: _____ Date Paid: _____ Check #: _____ Cash: _____

Date Delivered to the Board of Selectmen: _____ Date Permit Signed: _____