

**TOWN OF GOULDSBORO**  
**COMMERCIAL SHELLFISH DIGGING LICENSE**  
**APPLICATION FORM YEAR JULY 2025 – JUNE 2026**

DATE: \_\_\_\_\_ TOWN LICENSE NO. \_\_\_\_\_ **STATE LICENSE NO.** \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ LICENSEE MAILING ADDRESS: \_\_\_\_\_

PERMANENT RESIDENCE: \_\_\_\_\_

WHAT IS THE NATURE OF YOUR PERMANENT PLACE OF ABODE TO GOULDSBORO?

Home owned by you     Home rented or leased     Mobile home  
 Apartment     Other \_\_\_\_\_

IF RENTER, NAME OF LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

If you rented in any community other than Gouldsboro for any time during the last three years, please state what community and for how long? COMMUNITY: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

DO YOU OWN REAL ESTATE IN THE TOWN OF GOULDSBORO?     YES     NO

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

RESIDENT COMMERCIAL W/ CONSERVATION \$150     RESIDENT COMMERCIAL OVER 65 YRS \$0  
 NON-RESIDENT COMM. W/ CONSERVATION \$300     NON-RESIDENT COMM. OVER 65 YRS \$0

<b>Avg. Daily Harvest</b>	<b>Total # of Days dug</b>	<b>Total Lbs.</b>
January _____	_____	_____
February _____	_____	_____
March _____	_____	_____
April _____	_____	_____
May _____	_____	_____
June _____	_____	_____
July _____	_____	_____
August _____	_____	_____
September _____	_____	_____
October _____	_____	_____
November _____	_____	_____
December _____	_____	_____

I have received a copy of the Town of Gouldsboro shellfish ordinance and conservation closure information and maps (if any).

**FOR RESIDENTS:** I understand that by signing this application for I am a legal resident of Gouldsboro according to the residency requirements states in the Town of Gouldsboro Shellfish Ordinance. I affirm that I am domiciled in the Town of Gouldsboro and that I disavow all claims and privileges in any other community in or out of the State of Maine.

**NON-RESIDENTS:** By signing this application I verify that all information is true to the best of my ability.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ WITNESS \_\_\_\_\_