

TOWN OF GOULDSBORO
COMMERCIAL SHELLFISH DIGGING LICENSE
APPLICATION FORM YEAR JULY 2026 – JUNE 2027

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

Avg. Daily Harvest	Total # of Days dug	Total Lbs.
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 _____