

Application for Commercial Shellfish License-Statement of Domicile:

DATE: _____

1. Name _____
2. Home Address _____
3. Phone Number _____
4. Mailing Address _____
5. Address of Motor Vehicle Registration _____
6. Voter Registration Address _____
7. Where is your Permanent Address? _____
8. Social Security Number _____
9. Name of Landlord or Mortgagor _____
10. Copies of Rent Receipts or mortgage payment for Previous 3 Months (Yes/No) _____
11. Place of Birth _____
12. Date of Birth _____
13. Height _____ Weight _____ Eye Color _____ Hair Color _____
14. State Claming License Number _____

I AFFIRM THAT I AM DOMICILED IN THE TOWN OF _____
And that I DISAVOW ALL CLAIMS AND PRIVILEGES OF DOMICILE IN ANY OTHER
COMMUNITY IN OR OUT OF THE STATE OF MAINE.

SIGNATURE OF APPLICANT _____

DATE:

WITNESS:

Personally appeared the above named _____
and swore that the statements contained herein are true to the best of the applicants knowledge and information

Notary Public _____