



Town of Fairhaven, Massachusetts
Department of Natural Resources
Office of the Shellfish Warden
40 Center St.
Fairhaven, Ma 02719
Tel. 508 979-4023, Ext. 609

2016 Shellfish License/Permit Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Height: _____ Eye Color: _____

Hair Color: _____ Age: _____

Type of license issued:

Non-Commercial Non-Resident Senior Citizen

Commercial Dredge Student Commercial

Date of issue: _____

License/Permit # _____

I have received a copy of the Shellfishing Rules & Regulations from the Town of Fairhaven and will abide by them fully, understanding the penalties that may be applied for violation of the rules and regulations as approved by the Board of Selectmen, Town of Fairhaven, MA.

Signature of Applicant _____

Approved by Shellfish Warden _____ Date _____