

TOWN OF GOULDSBORO
RECREATIONAL SHELLFISH DIGGING LICENSE
APPLICATION FORM YEAR JULY 2024 – JUNE 2025

DATE: _____ TOWN LICENSE NO. _____

LICENSEE NAME: _____

HOME ADDRESS: _____ TOWN: _____

ZIP CODE: _____ NAME OF SPOUSE: _____

LICENSEE MAILING ADDRESS: _____

PERMANENT RESIDENCE: _____

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

- | | |
|---|--|
| A. <input type="checkbox"/> HOME OWNED BY YOU | D. <input type="checkbox"/> MOTEL OR HOTEL |
| B. <input type="checkbox"/> HOME RENTED OR LEASED | E. <input type="checkbox"/> MOBILE HOME |
| C. <input type="checkbox"/> APARTMENT | F. <input type="checkbox"/> 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 RECREATIONAL \$25.00 NON-RESIDENT RECREATIONAL \$50.00

RESIDENT (1) WEEK \$10.00 NON-RESIDENT (1) WEEK \$20.00

I HAVE RECEIVED A COPY OF THE TOWN OF GOULDSBORO SHELLFISH ORDINANCE AND CONSERVTION CLOSURE INFORMATION AND MAPS (IF ANY).

-FOR RESIDENTS: I UNDERTAND 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 PRIVELAGES IN ANY OTHER COMMUNITY IN OR OUT OF THE STATE OF MAINE.

-NON-RESIDENTS: BY SIGNING THIS APPLICATION I VERTIFY THAT ALL INOFRMATION IS TRUE TO THE BEST OF MY ABILITY.

SIGNATURE _____ DATE _____

WITNESS _____