

TOWN OF EASTHAM

COMMERCIAL SHELLFISH PERMIT APPLICATION

DATE: _____

NAME: _____

TELEPHONE: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS (if different): _____

I certify under the penalties of perjury that I am domiciled with the town of Eastham or Orleans and have been so domiciled for the previous six months.

Signature: _____ Date of Birth: _____

TO BE FILLED OUT BY DEPT. NATURAL RESOURCES ONLY :

Date reviewed: _____

Proof of Residency (circle one) Census / 1040 / Other (explain) _____

MA License # o/r SSN #: _____

Vehicle Type: _____ Registration: _____ Color: _____

Boat Type: _____ Registration: _____ Color: _____

Permit Number: _____