



## Town of Swansea, Massachusetts

TOWN HALL, 81 MAIN STREET  
SWANSEA, MASSACHUSETTS 02777

### APPLICATION FOR SHELLFISH PERMIT

Check one

PERMIT # \_\_\_\_\_

- ☐ Resident Family/Non-Resident Taxpayer Shellfish Permit (\$50)  
☐ Fourteen Day Non-Resident Family Shellfish Permit (\$50) \*  
☐ Senior Citizen Resident Shellfish Permit (\$5)  
☐ Non-Resident Shellfish Permit (\$150)  
☐ Duplicate Permit (\$5)

#### PRINT CLEARLY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Form of ID: \_\_\_\_\_ ID Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_

#### **\*14 DAY NON-RESIDENT FAMILY SHELLFISH PERMIT**

START DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

This permit is available to non-residents. This permit is valid for fourteen (14) consecutive days only, including date of issue, and is limited to one per calendar year.

To obtain a permit please provide:

1. Valid identification.
2. Proof of residence.
3. Current tax bill.
4. Permit fee made payable to the Town of Swansea.

***I affirm that the above information is true and correct and affix my signature hereto under the pains and penalties of perjury and acknowledge by signing below am responsible to be cognizant of Town Rules and Regulations for the taking of shellfish.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please list additional family members, along with dates of birth, entitled to use said permit in the space provided below:

NAME	DATE OF BIRTH