



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)
- 14 Day Non-Resident Family Shellfish Permit (\$50) *
- Senior Citizen Resident Shellfish Permit (\$10)
- Non-Resident Shellfish Permit (\$150)
- Duplicate Permit (\$5)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Mailing Address (if different): _____

Email 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	RELATIONSHIP TO APPLICANT	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____