



**Town of Brunswick
Notice of Intent Application
Resident Student Shellfish License**

Brunswick Code: Chapter 11, Article 3, Division 4, Section 11-131 to 11-160

Please Print

Date ____/____/____

1. Name _____

2. Home Address _____

3. Mailing Address _____

4. Tel. #: _____ 5. Date of Birth ____/____/____ 6. Height _____ 7. Weight _____

8. Eye Color _____ 9. Hair Color _____

10. Place of Birth _____ 11. How long have you lived at the above address? _____

12. List all the places that you have lived in the past three years and when you lived there:

******* (To Be Completed By School Department) *******

The _____ School Department Records show that _____ is between
(Town/City) (Applicant's Name)
 the ages of 13 and 21, resides at _____ and
(Street Address, Town/City)
 is enrolled in an educational program at _____.
(Name of School or Institution)

A letter of recommendation from the educational program is attached.

 Signature of Superintendent or Equivalent Printed Name and Title Telephone Number

PLEASE STOP - TO BE COMPLETED IN THE PRESENCE OF THE TOWN CLERK:

- I, _____ (Print Applicant's Name) affirm that
- I am a resident of the Town of Brunswick.
 - I am between the ages of 13 and 21 and am enrolled in an educational program.
 - I have attached a letter of recommendation.
 - I understand the receipt of a student shellfish license or licenses provides no credit in the commercial license selection process.
 - I will provide proof to the Municipal Shellfish Conservation Warden that the information in this application remains correct as of June 15th.
 - I am applying for a Resident Student Shellfish License at the cost of \$75.00 to be paid at time of issuance.

Applicant's Signature: _____
 Witnessed by: _____ (TOWN CLERK)

******* (For Town Clerk's Use Only) *******

Letter of Recommendation dated: _____ Updated June 15th: _____
 ID: (1) _____ (2) _____ Brunswick License #: _____ Fee paid: _____ Date: _____

First Change of Address:

Date: _____

Name: _____

Residence Address: _____

Mailing Address: _____

1st ID: _____

2nd ID: _____

Approved: yes no (please circle one) Clerk's initials: _____

Notified Marine Warden: yes no (please circle one) Clerk's initials: _____

Second Change of Address:

Date: _____

Name: _____

Residence Address: _____

Mailing Address: _____

1st ID: _____

2nd ID: _____

Approved: yes no (please circle one) Clerk's initials: _____

Notified Marine Warden: yes no (please circle one) Clerk's initials: _____

Third Change of Address:

Date: _____

Name: _____

Residence Address: _____

Mailing Address: _____

1st ID: _____

2nd ID: _____

Approved: yes no (please circle one) Clerk's initials: _____

Notified Marine Warden: yes no (please circle one) Clerk's initials: _____