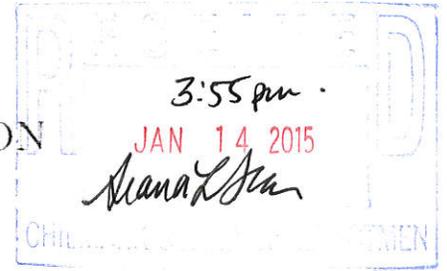




TOWN of CHILMARK
AQUACULTURE LICENSE APPLICATION



Please print in ink or type

Name of Applicant: Lev Wlodyka Telephone: 508 221 0339

Address - Residence 4 Beech Grove Rd Mailing: 70 Box 411 Chilmark MA
02535

Email Address: levwlodyka@gmail.com

Chilmark Commercial Permit #y 233 Family Permit # 233

Massachusetts Propagation Permit# _____

* Application Fee - \$100.00 (Make Check Payable to Town of Chilmark)

No payment at this time - Mana Liza

Type of License - Floating _____ Bottom

SPECIES TO BE CULTURED (Check Appropriate Columns)

Species	Seed	Adults	Both
Soft-shelled Clams	_____	_____	_____
hard-shelled Clams	_____	_____	_____
Oysters	_____	_____	<input checked="" type="checkbox"/>
Bay Scallops	_____	_____	_____
Mussels	_____	_____	_____

SEED (If Applicable)

Source: _____ Hatchery (Location & Certification) _____

Town: _____ State: _____

Dealer Name: _____ Address: _____

Number to be Obtained: _____ Size: _____ Date _____ Expected Removal Date: _____

Do you intend to sell Seed? Yes _____ To: _____ No _____

ADULTS (If Applicable)

Source: _____ Hatchery (Location & Certification) _____
_____ Chilmark Public Beds (Location) _____
_____ Other Town (Name): _____
_____ State (Name): _____
_____ Dealer (Name, Address) _____

Number of bushels To Be Obtained: _____ Date: _____

Expected Removal Date: _____

CULTURE AREA _____

Location Pond or Bay (Specify) Menemsha Pond
_____ Outside Waters Specify) _____

Number of Acres: 1.6

ATTACH A MAP SHOWING (TO SCALE) THE LOCATION AND SIZE OF THE DESIRED AREA

PROPOSED STRUCTURES

Number 100 Size 4x6
Location within culture area (Sketch on back)

Description of Construction: Plan to follow working models.

EQUIPMENT INVOLVED IN THE AQUACULTURE OPERATION

Boat Name/Registration No.	Hull Color Length	Owner Address
<u>Wampum</u>	<u>White 19 6</u>	<u>4 Beech Grove Rd</u>
Vehicle Make Model Color	Registration	Owner Address
	<u>MS1736AC</u>	

DECLARATION AND SIGNATURE

By signing this form, I certify that I am a full time resident of the Town of Chilmark and that I have received and read the statement of Policy and Regulations for Chilmark's Floating and Bottom License.

Please Print Name LEV. WLODYKA Signature

Date 1-14-15

would like to
receive
policy.

Please Do Not Write Below This Line

Date Application Received _____ Time _____

Application Fee Paid \$ _____ Date _____

Recommended or Not Recommended

Chairman, Shellfish Advisory Committee _____ Date _____

License No. _____ Date Granted _____

Three Year Term to Begin On _____

Annual License Fee of \$ _____ To Be Paid By This Date _____

BOARD OF SELECTMEN