2024/2025 Non-Commercial Shellfish Permit Application

Please print clearly				
Name:		For o	For office use:	
Address:	-		Bed Permit	
Phone:			Payment rec'd	
		Cash	or Check #:	
Email:		Casn		
Signature:			Mailed:	
Per Shellfish Bylaw, Section 2.5.1: "Person	s holding a commercial sl	nellfish	permit from any other	
municipality are prohibited from obtaining a	•		•	
►I am applying for a Town of Rowley Non-Co				
of perjury that I have not applied for nor	•			
municipality.	do i fiold a commercial s	iciiiisii	Signature	
			Signature	
License Class	Limits		Fees	
Resident Non-commercial	20 Quarts per week		\$40 per year	
Resident Non-commercial/60+ years of age*	20 Quarts per week		free	
Non-Resident Non-Commercial	20 Quarts per week		\$200 per year	
Non-Resident - One (1) day permit	10 Quarts/One day only		\$30 for the day	
Summer resident Non-commercial	20 Quarts per week/one week	only	\$20 for the week	
Date of birth: [] Registered/ [] Resident p [] Service Bill	_	:	#:	
permit. Thereby authorize salu permit to be issu	ucu.			
	Tra	vis J. Kno	eeland, Shellfish Constable Town of Rowley	
2024 Permit issued: #	date:	by:		
I am interested in participating in the Green	n Crab Trapping program.		Applicant's initials	
	ulau Challfiel D. I.		Applicant's initials	
I have previously received a copy of the Rov Of the "Conditional Area Management Plan		٠.	Applicant's initials	