



N.H. FISH & GAME DEPARTMENT
 11 Hazen Drive, Concord, NH 03301
 (603) 271-3421
 www.FishNH.com

MAR10002E.P7
 FOR OFFICE USE ONLY
 License # _____
 Date Issued _____

NEW HAMPSHIRE WHOLESALE MARINE SPECIES LICENSE APPLICATION

(RSA 211:49-aa, RSA 211:49-c, FIS 1105.04)

To engage in the wholesale trade of buying, selling, processing and transport of Marine Species

Will you be dealing lobster? yes no

	RESIDENT	NONRESIDENT
Wholesale Marine Species	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$200.00
Extra Facility	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00

A separate license shall be required for each additional market, store, vehicle or other facility.

PLEASE TYPE OR PRINT CLEARLY - Must be completed in full.

If Business:

NAME OF BUSINESS _____ MONTH _____ DAY _____ YEAR _____
 FEDERAL TAX ID # _____ DATE OF INCORPORATION _____
 TYPE OF BUSINESS (INDIVIDUAL OWNER, CORPORATION, ETC.) _____
 BUSINESS MAILING ADDRESS (IF DIFFERENT FROM BELOW OR IF MAIL BOX) _____
 CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

Person Responsible for Business (Owner):

LAST NAME (plus suffix) _____ FIRST NAME _____ MI _____
 MAIDEN NAME (if applies) _____
 STREET ADDRESS OF STORE _____
 CITY _____ STATE _____ ZIP CODE _____
 (_____) _____ (_____) _____
 BUSINESS TELEPHONE NUMBER _____ INDIVIDUAL STORE TELEPHONE NUMBER _____

Contact Person at Store:

LAST NAME _____ FIRST NAME _____ MI _____

If Vehicle Used in Wholesale Trade:

Make: _____ Model: _____ Year: _____
 State: _____ Vehicle Registration: _____

If Individual: (Legal Name)

LAST NAME (plus suffix) _____ FIRST NAME _____ MI _____
 MAIDEN NAME (if applies) _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____
 MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____
 CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____
 Date of Birth: _____ (_____) _____
 MONTH/DAY/YEAR _____ HOME TELEPHONE _____
 Height: _____ Weight: _____ Eye: _____ Hair: _____

If Vessel/Boat Used in Wholesale Trade: State of Registration _____
 Vessel Owner (if not same as above):

LAST NAME (plus suffix) _____ FIRST NAME _____ MI _____
 STREET ADDRESS OF OWNER _____
 CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____
 VESSEL NAME _____ STATE REGISTRATION # OR COAST GUARD # _____
 NMFS FEDERAL PERMIT # _____
 HULL ID # _____ HULL CONSTRUCTION MATERIAL _____
 Vessel Length: _____ Year Built: _____ Crew Size: _____ Gross Tons**: _____
 Net Tons**: _____ Horsepower**: _____ Hold Capacity (in Tons)**: _____
 **Complete for Federal documented vessels only.

- If additional stores – attach list of stores, physical addresses, phone number of store and contact person at store.
- If additional vehicles – attach list of make, model, year, state of registration and vehicle registration numbers.

RESIDENT AFFIDAVIT:

I hereby certify that I am a resident of the State of New Hampshire and that I do not claim residence in any other state for any purpose. The word residence shall mean domicile. I hereby certify that the above information is true and correct. (Licensee subject to the penalties for making unsworn false statements under RSA 641:3).

NONRESIDENT AFFIDAVIT:

I hereby certify that the above information is true and correct. (Licensee subject to the penalties for making unsworn false statements under RSA 641:3).

Sportsperson statement: I certify that my privileges to fish, guide, take or land lobsters, or engage in commercial marine fishing activities are not under suspension or revocation in any state or province (RSA 214:18b) and further certify that I am aware that any conviction of certain felonies in any state or province prohibits the possession of a firearm or other dangerous weapon.

APPLICANT'S SIGNATURE _____

APPLICANT'S NAME (PLEASE PRINT) _____

LICENSE EXPIRES DECEMBER 31, _____.

Please enclose a 4" x 9-1/2", self-addressed, stamped envelope.

WHITE - Business Office Copy

YELLOW - Region 3 Copy