

Town of Harrington

PO Box 142
Harrington, Maine 04643

APPLICATION FOR HARRINGTON SHELLFISH LICENSE STATEMENT OF DOMICILE

PLEASE PRINT

NAME: _____ D/O/B: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

ARE YOU A RESIDENT OF THE TOWN OF HARRINGTON? YES/NO

IF NO, WHAT IS YOUR CURRENT TOWN OF RESIDENCE? _____

HAVE YOU LIVED IN THE TOWN OF HARRINGTON FOR 12 MONTHS? YES/NO

IF NO, DATE YOU MOVED TO TOWN: _____

**IS YOUR RIGHT TO ENGAGE IN LICENSED ACTIVITIES CURRENTLY
UNDER SUSPENSION? YES/NO IF FOUND TO BE SUSPENDED AT A LATER
DATE YOUR TOWN OF HARRINGTON LICENSE WILL BE SUSPENDED
IMMEDIATELY**

SIGNATURE: _____ DATE: _____