



TRUSTEES OF THE FREEHOLDERS AND COMMONALTY APPLICATION
COMMERCIAL SHELLFISH LICENSE APPLICATION

116 Hampton Road, Southampton, N.Y. 11968
 Phone: 631-287-5717 Fax: 631-287-5723

COMMERCIAL SHELLFISH LICENSE COVER SHEET

NON REFUNDABLE RESIDENT FEE \$125.00

COMMERCIAL HARVESTER ADDITIONAL STICKER: \$20 (First one free)

If paying by check, please make check payable to: *Southampton Town Trustees*

Shellfish License Replacement Cards including but not limited to lost or stolen cards will be charged \$20.00

You can mail in the application and documents to the address in the letterhead or come in person to same address.

Please send/bring a clear copy of driver's license (we need to use this photo for the photo on the shellfish license)

REQUIREMENTS:

(Trustees Resolutions dated January 23, 2002; March 17, 2014)

If you cannot meet these requirements, your case will be referred to the Review Panel, consisting of the Town Attorney, Senior Bay Constable and two Trustees at a work session.

In the case of **THOSE WHO OWN PROPERTY** in the Town of Southampton:

1. A current **NYS DEC SHELLFISH DIGGERS PERMIT**.
2. A **NYS DRIVERS LICENSE** or **NYS IDENTIFICATION CARD** indicating a street address within the Town of Southampton. (**P.O. Boxes are not acceptable**)
 - * If your license contains a PO Box, please provide a **VOTER REGISTRATION CARD** indicating an address in the Town of Southampton
3. A current **DEED OR TAX BILL** to a residential property within the Town of Southampton with the applicant's name listed in the owner's box
 - * *If the tax bill is in a corporation or LLC, please supply Articles of Incorporation or LLC documentation*
 - * *If the tax bill is in your spouse's name, please include a copy of your marriage certificate*

In the case of **THOSE LEASING OR RENTING A RESIDENCE** in the Town of Southampton:

1. A current **NYS DEC SHELLFISH DIGGERS PERMIT**.
2. A **NYS DRIVERS LICENSE** OR **NYS IDENTIFICATION CARD** indicating a street address within the Town of Southampton. (**P.O. Boxes are not acceptable**)
3. **Two (2) affidavits**, one (1) signed and notarized by the landlord and one (1) signed and notarized by the tenant **must** be submitted with the application.
4. **One of the following:**
 - a. **RENT RECEIPTS** for **each** month in the past twelve (12) months prior to application of permit.
 - b. **CANCELED CHECKS** for **each** month in the past twelve (12) months prior to application of permit.
 - c. **VOTER REGISTRATION CARD** indicating an address in the Town of Southampton.
 - d. Three (3) **utility bills** service to a street address in the Town of Southampton (MUST HAVE one current, one from six months ago, and one from a year ago)
5. **Any false written statements contained in any affidavits submitted are subject to the provisions of Penal Law § 210.45. Any false written statement is a Class A misdemeanor.**

****Please note that all Commercial Gill Nets and/or Pot Permits will be printed on the back of the Commercial Shellfish License – application attached****



TRUSTEES OF THE FREEHOLDERS AND COMMONALTY APPLICATION
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COMMERCIAL SHELLFISH LICENSE APPLICATION

Name (Print): _____

Phone #: _____ Alt. Phone #: _____

E-mail: _____

Town of Southampton Street Address: _____

Mailing Address (if different from above): _____

Date of Birth: _____

Height: _____

Color of Eyes: _____ Blue
_____ Brown
_____ Green
_____ Grey
_____ Hazel

Color of Hair: _____ Black
(Choose only one) _____ Blonde
_____ Brown
_____ Grey
_____ None
_____ Red
_____ White

Any false written statements contained in any affidavits submitted are subject to the provisions of Penal Law § 210.45. Any false written statement is a Class A misdemeanor.

Applicant's Signature: _____ Date: _____

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TRUSTEES OF THE FREEHOLDERS AND COMMONALTY APPLICATION
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COMMERCIAL GILL NET AND/OR POT PERMITS

Gill Nets Requirements:

- * Town of Southampton Residency Requirements
- * DEC Food Fish License
- * Town of Southampton Commercial Shellfish License

Pot Permit Requirements:

- * Town of Southampton Residency Requirements
- * DEC Food Fish License
- * Town of Southampton Commercial Shellfish License
- * DEC Requirements (see chart below)

TOWN POT PERMIT	DEC PERMIT NEEDED
Eels	Food Fish
Conch/Whelk	Conch/Whelk
Lobster	Lobster License (Commercial/Residential)
Fish Pot	Food Fish
Killies (Bait Fish)	Food Fish or Baitfish Dealers License
Crabs (All Types)	Crab Permit

**Please list description of Permit below including
Town Permit #, Type of Permit, Water Body, and Location.**

Permit Type: Pot / Gill Net Town Permit #: _____ Amount: _____ Species: _____ Water Body: _____
(Circle One)

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(Circle One)

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(Circle One)

Any false written statements contained in any affidavits submitted are subject to the provisions of Penal Law § 210.45. Any false written statement is a Class A misdemeanor.

Applicant's Signature: _____ Date: _____



TRUSTEES OF THE FREEHOLDERS AND COMMONALTY APPLICATION
COMMERCIAL SHELLFISH PERMIT APPLICATION

In the Matter of the Application For a Commercial Shellfish License

AFFIDAVIT OF LANDLORD

(Applicant's Name)

STATE OF NEW YORK)

) ss:

COUNTY OF SUFFOLK)

_____, being duly sworn, deposes and says the following under the penalties of perjury:
(Landlord's Name)

1. I own property located at _____
(Address)

2. I am currently renting the above captioned premises or a portion of the above captioned premises to

(Tenant's Name)

3. I am renting the premises to the above tenant of the following basis:

- a. _____ pursuant to a lease.
- b. _____ on a month-to-month basis.
- c. _____ applicant is a family member and does not pay rent.

4. I can be reached at the following phone number to confirm the information contained in this affidavit:

(Phone number)

I submit this information in order to induce the Board of Trustees to issue a Commercial Shellfish License to applicant.

(Signature of Landlord)

Sworn to before me this ____ day of _____, 201__

(Notary Public)



TRUSTEES OF THE FREEHOLDERS AND COMMONALTY APPLICATION
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In the Matter of the Application For a Commercial Shellfish License

AFFIDAVIT OF TENANT

(Applicant's Name)

STATE OF NEW YORK)

) ss:

COUNTY OF SUFFOLK)

_____, being duly sworn, deposes and says the following under the penalties of perjury:
(Tenant's Name)

1. I reside located at _____
(Address)

2. I am currently renting the above captioned premises or a portion of the above captioned premises

(Tenant's Name)

3. I am renting the premises on the following basis:
- a. _____ pursuant to a lease.
 - b. _____ on a month-to-month basis.
 - c. _____ applicant is a family member and does not pay rent.

4. I can be reached at the following phone number to confirm the information contained in this affidavit:

(Phone number)

I submit this information in order to induce the Board of Trustees to issue a Commercial Shellfish License to applicant.

(Signature of Tenant)

Sworn to before me this ____ day of _____, 201__

(Notary Public)

TRUSTEES OFFICE

116 HAMPTON ROAD
SOUTHAMPTON, NY 11968



WWW.SOUTHAMPTONTOWNNY.GOV/TRUSTEES

PHONE: 631 287-5717

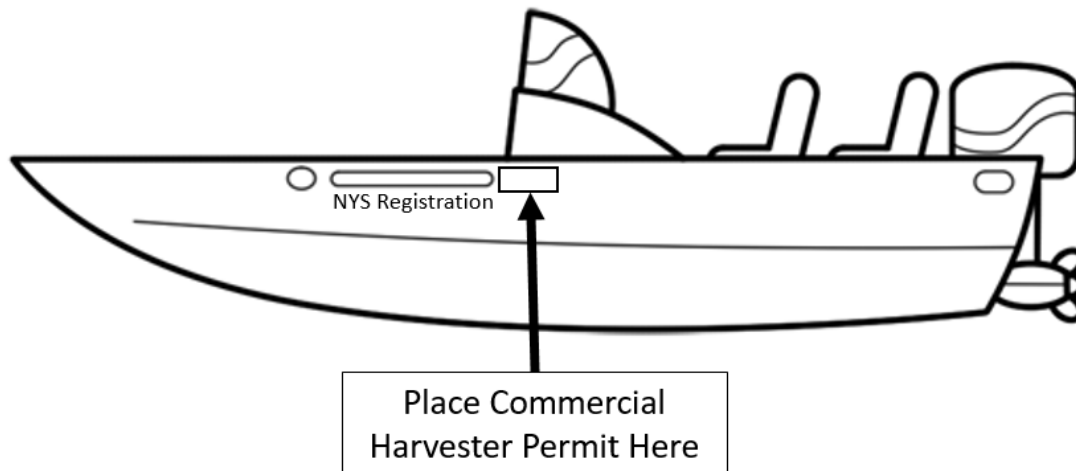
FAX: 631 287-5723

BOARD OF TRUSTEES
OF THE FREEHOLDERS AND COMMONALTY OF THE
TOWN OF SOUTHAMPTON

Commercial Harvester Permit

Dear Commercial Shellfish License Holder,

Place this sticker on the port (left) side of the boat to the right of the New York State Registration numbers. Please see diagram below.



If you need any additional Commercial Harvester Permits, please call or visit our office at 631-287-5717. Each additional permit sticker has a cost of \$20. The first permit is complimentary with the Commercial Shellfish License.

Sincerely,

Southampton Town Trustees
/jmf