



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
Bureau of Aquaculture and Laboratory



APPLICATION TO REOPEN TOWN RELAY AREA(S) FOR
 RECREATIONAL SHELLFISHING

License No: _____ Permittee: _____

Town: _____ Town Code No. _____

Applicant: _____
 (Print name to appear on certificate)

Address: _____
 (Street) (City, State, Zip Code)

Telephone: _____
 (business) (emergency)

Kind of shellfish: Oysters, Soft Clams, Hard Clams, Mussels (circle)

Areas where relayed shellfish are to be harvested (describe areas)

I certify that the shellfish relay operations for the above area ceased on _____, and that the shellfish have remained on these grounds for at least 14 consecutive days with a water temperature of 50 degrees F or greater.

I agree to conform to all requirements of the Connecticut Public Health Code and understand that any person making a written false statement on this application shall be subject to arrest as provided for in Section 53A- 157 of the Connecticut General Statutes.

Signed by: _____ Title: _____ Date: _____
 Date of Birth: _____

NOTE: The harvesting of shellfish from any areas not approved for the taking of shellfish by the Connecticut Department of Agriculture, Bureau of Aquaculture renders the violator subject to prosecution under the provision of Section 19a-98 of the Connecticut General Statutes.