



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

Tel: (508) 349-7004 Fax: (508) 349-5505

AQUACULTURE LICENSE RENEWAL APPLICATION

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

LICENSE NUMBER: _____

SITE LOCATION: _____

SITE DEVELOPMENT: Attach to this application your plans for development of the site over the next one, two, and three-year terms. Include the number of rafts/racks/floats, size, construction material and working area in square feet of the aquaculture site. Your plan shall include shellfish by species, amount and sizes intended to introduce to the water and/or substratum.

Signature of Applicant

Date