



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

MAR1503B.indd/REV. 05/22

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, 1110.09)

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

Will you be buying directly from commercial harvesters?  Yes  No

	<b>RESIDENT</b>	<b>NONRESIDENT</b>
Wholesale Marine Species	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$260.00
Extra Facility	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$100.00

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

**An application must be completed each year. 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 \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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 Plate #: \_\_\_\_\_

**If Individual: (Legal Name) Must provide copy of driver's license**

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 OR PERSONAL CELL PHONE NUMBER \_\_\_\_\_

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)

Sportsman 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 other 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, \_\_\_\_\_.**