

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

MAR1503A.indd/REV. 5/22
FOR OFFICE USE ONLY
License #
Date Issued

RETAIL TRADE APPLICATION FOR LOBSTER AND CRAB

(RSA 211:38, 211:39, Fis 1105.05, 1110.09) To buy, sell, process, ship and transport.

Retail Lobster & Crab or meat RESIDENT

each

NONRESIDENT

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:				If Individual: Must provide copy of driver's license (optional)			
DBA NAME (BUSINESS NAME)				(Legal Name)			
FEDERAL TAX ID #	DATE OF INCORPORATION			LAST NAME (plus suffix)		FIRST NAM	ME MI
TYPE OF BUSINESS (INDIVIDUA	AL OWNER, CORPORATION		MAIDEN NAME (if applie	s)			
BUSINESS MAILING ADDRESS	(IF DIFFERENT FROM BEL	ow or if mail b	OX)	EMAIL ADDRESS			
СІТҮ	STATE ZIP	CODE	COUNTRY	STREET ADDRESS			
Person Responsible for	r Business (Owner):						
LAST NAME (plus suffix)		FIRST NAME	МІ	CITY	STATE	ZIP CODE	COUNTRY
MAIDEN NAME (if applies)		EMA	AIL ADDRESS	MAILING ADDRESS (IF D	DIFFERENT FROM ABOVE)	
STREET ADDRESS OF STORE				CITY	STATE	ZIP CODE	COUNTRY
CITY	ST	ATE ZIP	CODE	Date of Birth:	H/DAY/YEAR	() HOME OR PERS	SONAL CELL PHONE NUMBER
()BUSINESS TELEPHONE NUMB	ER INDIVI) DUAL STORE TELI	EPHONE NUMBER	Height:	Weight:	Eye:	_ Hair:
Contact Person at Stor	e:			If Vehicle Used in	Deteil Trades		
LAST NAME	FIRST NAME MI		Make:			Year:	
				State:	_ Vehicle Plate #:		

- 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).

Sportsperson 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 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, _____. Please enclose a 4" x 9-1/2", self-addressed, stamped envelope.