



**MARYLAND DEPARTMENT OF NATURAL RESOURCES  
FISHERIES SERVICE**

**AQUACULTURE PERMIT APPLICATION**

INSTRUCTIONS: COMPLETE ALL INFORMATION (BOTH SIDES OF THE APPLICATION). PLEASE PRINT OR TYPE.  
RETURN COMPLETED APPLICATION TO RICHARD BOHN, DNR FISHERIES SERVICE B-2, 580 TAYLOR AVENUE, ANNAPOLIS MD 21401

NAME AND TITLE OF PRINCIPAL OFFICER	MAILING ADDRESS
PHONE NUMBER	EMAIL (OPTIONAL)
FACILITY NAME	FACILITY PHONE NUMBER
COUNTY WHERE FACILITY IS LOCATED	DO YOU LEASE THE FACILITY?
FACILITY ADDRESS	NAME AND ADDRESS OF FACILITY LANDOWNER

TYPE OF OPERATION (CHECK APPROPRIATE CATEGORIES)

SHELLFISH CULTURE     TANK CULTURE     POND CULTURE     EDUCATIONAL PROJECT  
 OTHER (please specify) : \_\_\_\_\_

AQUACULTURE FACILITY SPECIFICS (mark those that apply)

NUMBER OF ACRES \_\_\_\_\_    NUMBER OF BUILDINGS \_\_\_\_\_    FLOOR SPACE (square feet) \_\_\_\_\_  
NUMBER OF PONDS \_\_\_\_\_    SURFACE AREA OF EACH POND (acres) \_\_\_\_\_  
NUMBER OF TANKS \_\_\_\_\_    SIZE OF EACH TANK (gallons) \_\_\_\_\_  
WATER SOURCE AND AMOUNT TO BE USED YEARLY \_\_\_\_\_  
AMOUNT OF DISCHARGE FROM THE OPERATION \_\_\_\_\_  
TYPE OF TREATMENT FOR DISCHARGE \_\_\_\_\_

SPECIES TO BE CULTURED AND ORIGIN/SOURCE OF EACH (attach proper health certification)

I HEARBY APPLY FOR THE ABOVE PERMIT AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

SIGNATURE OF APPLICANT

DATE

**INFORMATION TO BE SUPPLIED WITH THIS APPLICATION INCLUDES:**

PROPER HEALTH CERTIFICATION AND ORIGIN OF SPECIES TO BE USED IN THE AQUACULTURAL ACTIVITY. IF PRESENTLY UNKNOWN, YOU MUST NOTIFY THE DEPARTMENT PRIOR TO RECEIPT OF ANY SHIPMENT OF FISH OR SHELLFISH.

A MAP SHOWING THE LOCATION OF THE FACILITY, WITH DIRECTIONS FROM THE NEAREST MAJOR ROADWAY.

A DESCRIPTION OF THE CULTURE OPERATION AND A SKETCH OF THE FACILITY, PONDS, ETC., INCLUDING ANY INFLOW OR EFFLUENT FROM THE FACILITY.

THE LOCATION OF THE NEAREST BODY OF WATER THAT COULD RECEIVE DISCHARGE EFFLUENT.

A SOLID WASTE MANAGEMENT PLAN, WHICH DETAILS DISPOSAL OF MORTALITIES AND BYPRODUCTS OF THE OPERATION.

IF ANY HYBRID OR NON-NATIVE SPECIES ARE TO BE CULTURED, PROVIDE A DESCRIPTION OF TREATMENT AND ENTRAPMENT SYSTEMS TO PREVENT CULTURED ORGANISMS FROM ENTERING STATE WATERS.

STATE THE GOALS OF YOUR OPERATION (I.E. COMMERCIAL PRODUCTION, PRODUCTION FOR HOME USE, HOBBY, RESEARCH) AND AMOUNT THAT YOU EXPECT TO PRODUCE.

IF EMPLOYING ONE OR MORE PERSONS, A CERTIFICATE OF COMPLIANCE WITH STATE WORKMEN'S COMPENSATION LAWS PURSUANT TO §1-401 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND. AN EMPLOYER-APPLICANT MAY PROVIDE, AS EVIDENCE OF INSURANCE, A WORKMEN'S COMPENSATION INSURANCE POLICY NUMBER OR BINDER NUMBER, IN LIEU OF SUBMITTING A CERTIFICATE OF COMPLIANCE.

**IN ADDITION TO THE ABOVE THE PERMITTEE MUST:**

HAVE ALL NECESSARY PERMITS AND COMPLY WITH ALL APPLICABLE HEALTH AND ENVIRONMENTAL LAWS AND REGULATIONS.

MAINTAIN SHIPPING AND RECEIVING RECORDS BY SPECIES ON A QUARTERLY BASIS WHICH ESTIMATE STOCKS ON HAND AT THE FACILITY AND THE DISTRIBUTION OF FISH OR AQUATIC PLANTS TO OR FROM THE FACILITY. ALL RECORDS SHALL BE MAINTAINED AT THE FACILITY, OR AT A SPECIFIED LOCATION OTHER THAN THE FACILITY FOR THREE (3) YEARS, AND BE MADE AVAILABLE TO THE DEPARTMENT FOR INSPECTION UPON REQUEST.

NOTIFY THE DEPARTMENT IMMEDIATELY UPON DISCOVERY OF ANY DISEASE AFFECTING THE FISH OR PLANTS AT THE FACILITY THAT HAS THE POTENTIAL TO CONTAMINATE NATIVE OR NATURALIZED PLANTS OR ANIMALS.

SUBMIT AN ANNUAL REPORT OF ACTIVITIES UNDER THE PERMIT ON A FORM PROVIDED BY THE DEPARTMENT.

ALLOW THE DEPARTMENT TO INSPECT THE FACILITY, EQUIPMENT AND FISH OR AQUATIC PLANTS AT REASONABLE HOURS.

NOTIFY THE DEPARTMENT IF ANY SIGNIFICANT CHANGES OR ADDITIONS TO A FACILITY ARE MADE AFTER A PERMIT IS ISSUED BY FILLING OUT A SUPPLEMENTAL APPLICATION SUMMARIZING MODIFICATIONS.

AFTER THIS APPLICATION IS REVIEWED, AN INSPECTION OF THE FACILITY IS REQUIRED BEFORE THE PERMIT IS ISSUED. PERMITS ARE VALID FOR UP TO FIVE YEARS FROM THE DATE OF ISSUANCE.

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**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Date of Site Visit \_\_\_\_\_

Approved by (list comments/restrictions below) on-site \_\_\_\_\_  
Initials

fisheries management \_\_\_\_\_  
Initials

Comments/Restrictions: