



[www.greenwichct.org](http://www.greenwichct.org)  
Town of Greenwich  
Department of Health  
Division of Environmental Services  
(203) 622 – 7838

**Registration / Reporting Form for Shellfish Grant Holders**  
**and**  
**Commercial Shellfish Operators**

**Grant Lease Holder:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Vessel 1:**

State & Vessel  
License #: \_\_\_\_\_  
CT S# or T#: \_\_\_\_\_  
Length: \_\_\_\_\_  
Color(s): Hull: \_\_\_\_\_ Cabin: \_\_\_\_\_  
Captain's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Vessel 2:**

State & Vessel  
License #: \_\_\_\_\_  
CT S# or T#: \_\_\_\_\_  
Length: \_\_\_\_\_  
Color(s): Hull: \_\_\_\_\_ Cabin: \_\_\_\_\_  
Captain's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**SHELLFISHING DATES:**

Start Date: \_\_\_\_\_  
Finish Date: \_\_\_\_\_

Dates may be amended by contacting The Department of Health at 622-7838, or by fax at 622-7770.

Lot number and Location of shellfish grounds where work will be performed:


Description of Activity:


Kind of Shellfish Harvested:

\_\_\_\_\_ Oysters      \_\_\_\_\_ Soft Shell Clams      \_\_\_\_\_ Mussels      \_\_\_\_\_ Hard Shell Clams

If transplanting (relaying) shellfish, description of destination including State or Town Shellfish Lot Number:


Landing and transportation of shellfish is PROHIBITED in Greenwich, however, if shellfish are to be landed on shore for land transportation elsewhere, please indicate.

Location of Landing Dock:

Name of Dock:

Address:

Town:

State:

If harvesting out of "Approved" or "Conditionally Approved – Open" shell fishing areas for market. Person(s) to whom shellfish are to be delivered to or sold to:

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please advise the Health Department, when applicable, if marketing shellfish to other companies other than those stated above.

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Dates: May 1, 2002 through April 30, 2003.

This form must be accompanied by copies of applicable documents:

1. Proof of Shellfish Grant ownership or a lease from the Greenwich Shellfish Commission
2. A current tax receipt
3. A map of said shellfish grounds
4. State of CT Licenses as are applicable:
  - a. Shellfish Transplant (relay) License
  - b. Shell stock Shipper License
  - c. Shell stock Shipper's Tag
  - d. License to harvest from natural oyster beds.