



DEPARTMENT OF NATURAL RESOURCES
COASTAL RESOURCES DIVISION
 ONE CONSERVATION WAY • BRUNSWICK, GA 31520 • 912.264.7218
 COASTALGADNR.ORG

MARK WILLIAMS
 COMMISSIONER

DOUG HAYMANS
 DIRECTOR

INTERTIDAL SHELLFISH LEASE APPLICATION

Section 1: Primary Applicant Information (If applying as a business, list business agent information in this section)				
First Name	MI	Last Name	Suffix	
Mailing Address	PO Box	City	ST	Zip
Physical Address	PO Box	City	ST	Zip
Day Phone:		Alt Phone:		
Email Address:				
Have you in the past or currently hold a state commercial shellfish lease? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Have you been a legal resident of the state of Georgia for at least 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes				
<input type="checkbox"/> Driver's License or <input type="checkbox"/> State I.D. Information:				
State:		Number:		Expiration Date:
Are you related by blood or marriage to any person now working for GADNR? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, name and relationship:				
Do you hold a Georgia Commercial Fishing License? <input type="checkbox"/> No <input type="checkbox"/> Yes (Customer ID #):				
If yes, list GA Commercial Fishing Customer ID:				
Do you have a commercial non-trawl vessel license? <input type="checkbox"/> No <input type="checkbox"/> Yes (License #):				
Do you have any convictions of GADNR fisheries violations in the past three years? <input type="checkbox"/> No <input type="checkbox"/> *Yes				
<i>* If Yes, you may not be approved for permits to work a shellfish lease</i>				
Do you, anyone in your household, or business you are a part of, currently have or hold any other shellfish leases or subleases? <input type="checkbox"/> No <input type="checkbox"/> *Yes				
*If Yes, list the lease names or codes of leases you are associated with:				

Co-Applicant Information (if applicable)					
First Name	MI	Last Name			Suffix
Mailing Address	PO Box	City	ST	Zip	
Physical Address	PO Box	City	ST	Zip	
Day Phone:	Alt Phone:				
Email Address:					
<input type="checkbox"/> Driver's License or <input type="checkbox"/> State I.D. Information: State: _____ Number: _____ Expiration Date: _____					
Are you related by blood or marriage to any person now working for GADNR? <input type="checkbox"/> No <input type="checkbox"/> Yes (Name and Relationship):					
Do you hold a Georgia Commercial Fishing License? <input type="checkbox"/> No <input type="checkbox"/> Yes (Customer ID #):					
Do you have a commercial non-trawl vessel license? <input type="checkbox"/> No <input type="checkbox"/> Yes (License #):					
Do you have any convictions of GADNR fisheries violations in the past three years? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*If Yes you will not be approved for permits to work a shellfish lease</i>					
Do you currently have or hold an interest in any other shellfish leases? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*If Yes, list the lease numbers of leases you are associated with:</i>					

Section 2: Business Information (if applicable)				
Business Name:				
Type of Business Entity:				
<input type="checkbox"/> Corporation (Please attach copy of current articles of incorporation and list of corporate officers) <input type="checkbox"/> Partnership (Please attach a current copy of your partnership agreement) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC				
Business Mailing Address	PO Box	City	ST	Zip
Business Physical Address	PO Box	City	ST	Zip
Day Phone:	Alt Phone:			
Email Address:				

Section 3: Applicant Qualifications

Certifications:

Do you have a facility certified by the Dept. of Agriculture to sell shellfish? Yes No

If yes, list your ICSSL Certification Number:

Do you hold a Seafood Dealer's License with the GADNR? Yes No

If yes, list your GA Commercial Fishing Customer ID:

Have you received a Harvester Permit and Education from the Department? Yes No

If yes, list your Harvester ID:

Years of Experience: None 1-2 years 2-5 years 5-10 years 10+ years

Describe your capability to conduct the proposed aquaculture activities (including training or experience in raising, marketing, or selling shellfish, and any education that you have obtained or will obtain):

Section 5: Shellfish Lease Management Plan

Lease Type: Wild Harvest OR Mariculture

Please select only one of the options above. Leaseholders may conduct mariculture on a wild harvest lease and vice versa but will be held to the requirements of the designated use selected above and have their management plans reviewed to those standards.

Lease Selection:

List in order the leases you would like to be considered for. Application packages shall be submitted to the Department containing a refundable certified check or refundable cashier's check made out to the Georgia Department of Natural Resources for the amount of the highest bid offered below. Bids proposed must be greater than the minimum bid listed for each lease to be considered. For successful bidders, their bid will serve as the annual rent on the awarded property. Funds for all unsuccessful bids shall be promptly returned upon completion of the selection process.

Lease Name:	Bid Offered (\$):
1)	
2)	
3)	
4)	
5)	

Shellfish species to be grown: Diploid Oysters Triploid Oysters Hard Clams

Other:

Capital Investment: Year 1: _____ \$ Year 2-10: \$ _____

Vessel Available: Vessel: No Yes Length: _____ Power: _____ _Trailerred? No Yes

If other vessels will be used, please list here:

Management Plan

The purpose of a management plan is to document your plans for shellfish management and harvest on the advertised lease area. The plan should include all the components of your shellfish harvesting operation: husbandry methods, sustainable practices, safety precautions, and plans for marketing and shipping your product. State leases are awarded based on a monetary bid and a well-designed management plan, so please be specific when describing your experience and plans. You may attach supplemental materials to the end of this application if you need more space. *We recognize that plans contain confidential information and will only be shared with the evaluation team.*

1) Husbandry Methods: Please describe the husbandry methods you will use to cultivate your product. Include gear types for mariculture leases.

2) Sustainability: Each leaseholder will be required to plant and replenish the lease to meet cultching or planting requirements (see Shellfish Policy Manual for more details). Please describe your plans for replenishment including quantities of shellfish seed (mariculture leases) or cultch materials (wild harvest leases) to be deployed annually:

3) Safety: Please describe your plans and precautions to prevent the adulteration of your product. HACCP plans can be submitted for consideration of this aspect.

4) Shipping and Marketing: Please describe your plans for bringing your product to market.

**Grow out methods will be finalized via permit after lease contracts are executed.*

Seed Source (Required Only For Mariculture Designated Leases):

In-state source: No Yes

Name:

Phone:

Out-of-state source: No Yes

Must be approved by GADNR prior to shipment

Name:

Address:

City, State Zip:

Phone:

Section 6: Shellfish Lease Cleanup Provisions

Shellfish Lease Cleanup Provisions:

If your shellfish lease is surrendered, cancelled, terminated for lack of production or failure to pay rent, or choosing to relinquish the lease, the leaseholder is responsible for removing all markers, posts, and aquaculture gear except planted cultch. **You will be given a 30-day notice to remove all posts, markers, and aquaculture gear and must notify GADNR CRD after gear has been removed.** If you do not remove the markers, posts, and gear after the 30-day notification, GADNR CRD may pursue legal action to have it removed at your cost. These provisions will be included in the lease contract.

The leaseholder is also responsible for collecting any gear that is displaced due to storm events. It is highly recommended that all shellfish lease equipment is labeled with your contact information to facilitate collection in case of storm loss.

By signing I agree that I have read and understand the Shellfish Lease Cleanup Provisions.

Signature:

Date:

For any questions about this application, please contact the Department at (912)264-7218.

O.C.G.A 16-10-20; “A person who knowingly and willfully makes a false, fictitious or fraudulent statement...in any manner within the jurisdiction of any department or agency of state government...shall, upon conviction thereof, be punished by a fine of not more than \$1000 or by imprisonment for not less than five years, or both.”

Signature of Applicant: _____ **Date:** _____