



**Town of Oyster Bay  
Office of the Town Clerk  
Richard LaMarca  
54 Audrey Avenue, Oyster Bay, NY 11771  
(516) 624-6333**

**FOR OFFICE USE ONLY**

Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_

Clerk \_\_\_\_\_

New     Pending/Review

Renewal     Denied

**SHELLFISH/SANDWORM PERMIT**

**Personal/Senior**

**License Year July 1, 20\_\_ to June 30, 20\_\_**

Please write legibly and provide the information requested. Failure to comply may result in denial of permit. Please check ( ✓ ) the applicable box for the permit type desired. All permit fees are non-refundable.

Personal Shellfish (\$5.00 Fee)

Senior Citizen Personal Shellfish (\$ 5.00Fee)

Personal Sandworm (\$1.00 Fee)

Senior Citizen Personal Sandworm (\$ 1.00 Fee)

Photo (\$2.00)

Clip (\$.50)

\_\_\_\_\_  
(Print Last Name, First Name)

\_\_\_\_\_  
(Print Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

having my principal place of abode and domicile in the Town of Oyster Bay, do hereby apply to the Town Clerk of the Town of Oyster Bay for permission to take shellfish from lands held by the Town of Oyster Bay and I do hereby agree to abide by the Code of the Town of Oyster Bay, Chapter 196, of which I was furnished a copy, and by the provisions of the New York State Environmental Conservation Law.

GENDER:  M     F    TELEPHONE # (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

**ALL APPLICANTS MUST SIGN BELOW:**

NOTICE: Section 210.45 of the NYS Penal Law states as follows: A person is guilty of making a punishable false written statement when he knowingly makes a false statement, which he does not believe to be true, in a written instrument bearing a legally authorized form notice to the effect that false statements made therein are punishable. Making a punishable false written statement is Class A Misdemeanor.

I, the undersigned hereby state under penalty of perjury, that the information in this application is complete, true and correct, and I understand that submitting false and/or incomplete information herein may subject me to criminal and civil penalties including revocation of permit, fine or imprisonment of a combination thereof. I also acknowledge receipt of a copy of the Town of Oyster Bay Shellfish and Marine Life Ordinance (Chapter 196).

X \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT: DO NOT WRITE IN SPACES BELOW – FOR OFFICE USE ONLY**

Total Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Receipt No. \_\_\_\_\_