



**Maine Department of Inland Fisheries and Wildlife**  
**353 Water Street, 41 SHS, Augusta, ME 04333**  
**Phone 207-287-8000 / Fax 207-287-9037**

**APPLICATION FOR BAITFISH WHOLESALE LICENSE**

*In accordance with the provisions of the Revised States, Title 12, Section 12551-A (6) Baitfish Wholesaler's License*

New Applicant \_\_\_\_\_ (1717) Renewal Applicant \_\_\_\_\_ (1717) Last Year Licensed: \_\_\_\_\_ **Annual Fee \$26**

Name: \_\_\_\_\_  
First Name Last Name MI

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ MOSES ID Number: \_\_\_\_\_

Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Hair: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(NEW Applicants Only)

Mailing Address: \_\_\_\_\_  
Street or PO Box Town State ZIP

Physical Address: \_\_\_\_\_  
Street Town State ZIP

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

**Are you retailing Baitfish under this license? (Required – Check One) \_\_\_\_\_ YES \_\_\_\_\_ NO**

If yes, please list retail address: \_\_\_\_\_  
Street Town

**This license permits the taking of live baitfish from inland waters or private ponds, and the retail sale of baitfish.** If a person intends to sell from more than one location, each location must be licensed separately by obtaining a Live Bait Retailer's license.

**NOTE:** Bait Wholesale License holders are required to submit an annual report on catch information to the Department. Those failing to submit a report on forms provided by the department, may be prohibited from obtaining a license for the following year.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SEND APPLICATION WITH THE APPROPRIATE FEE:**  
**Make check payable to: Treasurer, State of Maine**

**Department of Inland Fisheries and Wildlife**  
**Licensing Division**  
 353 Water Street, SHS 41  
 Augusta, ME 04333

**CREDIT CARD PAYMENT**

**All Major Credit Cards Accepted**

**Name on Card:** \_\_\_\_\_

**Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_ **Code:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
 \_\_\_\_\_