

SHELLFISH PLAT APPLICATION
FOR STATE-OWNED ESTUARY LANDS

Applicant's Name: _____ Date: _____
(First) (Middle) (Last)

If submitted on behalf of an organization, complete the following:

Name of organization: _____

Type of organization: _____
(Partnership, Corporation, Cooperative)

Applicant's position with organization: _____
(President, Partner, etc.)

Applicant's address: _____
(Street or Box No.) (City) (State) (Zip)

Applicant's telephone number: _____

Name of Bay/Estuary where proposed lease area is located: _____

Legal description of area applied for: (attach additional pages if necessary)

Acreage of area applied for: _____ acres.

Type of shellfish proposed to be cultivated: _____

Type of cultivation (rack, bottom, stake, etc.): _____

(over)

Have you previously engaged in the cultivation of shellfish in this same area?

Yes _____ No _____ (If answer is "Yes", give detailed circumstances and times.) _____

Have you previously held shellfish plats in other areas of this state? Yes _____ No _____
(If answer is "Yes", attach detailed circumstances, locations and times.)

Other information applicant believes relevant: _____

I herewith request the above described shellfish plat be granted to me under the provisions of Oregon Law.

(Signature)

Telephone No. _____

Mail to:

Oregon Department of Agriculture
Natural Resources Program Area
635 Capitol Street NE
Salem, Oregon 97301-2532
Ph (503) 986-4701
FAX (503) 986-4730

(Please attach \$250 application fee, map, and Affidavit of Public Notice from your newspaper.)