FISH DEALER LICENSE APPLICATION INSTRUCTIONS

This application is to be completed and signed by individuals applying for a Fish Dealer license. Businesses requesting a License must have the Responsible Party (business agent) complete and sign the application. The Responsible Party (business agent) is the person who coordinates, supervises or otherwise directs operations of a business entity, such as a corporate officer or executive-level supervisor of business operations and is the person responsible for use of the issued License in compliance with applicable laws and regulations. Individuals applying for a License for another under the authority of Power of Attorney must submit a **PHOTOCOPY** of the Power of Attorney and current picture identification.

A. Provide a **PHOTOCOPY** of <u>one</u> of the following current picture identifications:
   1. Driver's License; or
   2. State Identification (issued by DMV); or
   3. Military Identification; or
   4. Passport; or
   5. Resident Alien Card (green card)

B. If you are applying as a business, you <u>must</u> provide:
   1. If incorporated, a **PHOTOCOPY** of Articles of Incorporation and list of current corporate holders.
   2. If written agreement partnership, a **PHOTOCOPY** of written partnership agreement.
   3. If not incorporated or written partnership, a **PHOTOCOPY** of current Assumed Name Statements if filed, and a **PHOTOCOPY** of business privilege tax certificates, if applicable.

C. A **Fish Dealer** Application must have the following:
   1. Check one:
      a. New application (i.e., new license)
      b. Renewing
      c. Updating current license / Adding new category to current license
      d. Replacing a current license

   2. **Fish Dealer** License number. This number is printed on the license to the right of the words *Fish Dealer License* and is the *D number.*

   3. Complete all the applicable Participant Information, including Participant Identification number. This number is located to the right of the word *Participant #* on your license. If you do not currently have a license with DMF, please leave this box blank.

   4. Dealer location (physical address and location where fishermen will be transferring catch to the dealer) (**must be physically located in North Carolina**).

   5. Records location (physical address where records, including trip tickets, are kept).

   6. Shipping address (address where trip ticket supplies are to be shipped).

   7. Check Fish Dealer license categories that you want to purchase.

   8. If purchasing a Fish Dealer License with CLAM or OYSTER categories or a CONSOLIDATED license, you must provide a **PHOTOCOPY** of a valid (not expired) certification as a Department of Environment and Natural Resources Division of Marine Fisheries Certified Shellfish Dealer. For information on certification, contact the North Carolina Shellfish Sanitation Section at 252-726-7021.

D. Sign the Application.

E. Certification Statement form completed, signed, and notarized (if new application).

FISH DEALER LICENSE APPLICATION INSTRUCTIONS

F. Fees
1. $50.00 New Fish Dealer fee, applicable if you did not hold a Fish Dealer License for the applied location the previous license year; and/or
2. $50.00 for each License category; or,
3. $300.00 for a consolidated License (gives the right to deal in all Fish Dealer categories).
4. $10.00 replacement fee for replacing current/valid license.

G. Method of payment: Personal check, money order or Cashier check. Make payable to ***North Carolina Division of Marine Fisheries***. There will be a $25.00 service charge for returned checks.

H. The Applicant will be required to report all landings from fishermen on trip tickets at the time and point of landing on trip tickets. Trip tickets must be filed with the Division of Marine Fisheries by the 10th of the following month.

I. The Applicant must comply with all requests from the Division of Marine Fisheries for any and all data collection inquiries.

You are required to notify the Division of Marine Fisheries of any address or residency changes within 30 days. Incomplete applications submitted without required documentation will be deemed incomplete and returned to you unprocessed.

Mail to: **North Carolina Division of Marine Fisheries**
License Office
PO Box 769
Morehead City, NC 28557

North Carolina Division of Marine Fisheries

Application for Fish Dealer's License

Check one:	☐ New Application	☐ Renew	☐ Replace	☐ Update Vessel Master
Existing License Number (License number is printed on license)				

Individual or Business Agent Participant Information

Participant I.D.	First Name	Middle Name	Last Name	Suffix

Check One: Driver's License No. ☐	State I.D. No. ☐	Military I.D. No. ☐	Resident Alien I.D. No. ☐	Passport No. ☐
No.	Expire Date / /			

Date of Birth	Primary Residence (State)	E-mail Address
_____ / _____ / _____		

Race:	Gender:	Physical Address	Mailing Address ☐ Check if same as physical address
	M / F		
Height	Weight	Address 1:_____	Address 1:_____
		Address 2:_____	Address 2:_____
Eye Color	Hair Color	City:_____ State:_____ Zip:_____	City:_____ State:_____ Zip:_____
		County:_____	County:_____

Home Phone:	Business Phone:	Fax:	Cellular Phone:
( ) -	( ) -	( ) -	( ) -

Type of Business Entity (Circle One): Corporation Partnership Sole Proprietorship LLC

Business Participant Information (This section must be completed for the application of a license for use by a business)

Participant I.D.	Business Name:	State of Incorporation:	Charter State:

Buiness Phone:	Cellular Phone:	Home Phone:	Fax:	E-mail Address:
( ) -	( ) -	( ) -	( ) -	

Business Owner Name (F, M, L)	Physical Address	Mailing Address ☐ Check if same as physical address
Business Owner Name (F, M, L)	Address 1:_____	Address 1:_____
	Address 2:_____	Address 2:_____
Business Owner Name (F, M, L)	City:_____ State:_____ Zip:_____	City:_____ State:_____ Zip:_____
	County:_____ Country:_____	County:_____ Country:_____
Business Owner Name (F, M, L)		

Dealer Location (Physical Address)

Address Line 1:							
Address Line 2:							
City:		State:		Zip:		Country:	
Business Location Phone No.	( )			Business Fax Phone No.	( )		

North Carolina Division of Marine Fisheries

Application for Fish Dealer's License

Records location (Location or site where records pertaining to fish dealers are maintained) ☐ Check if same as physical address

Address Line 1:					
Address Line 2:					
City:		State:		Zip:	
Phone No:	( )		Fax No:	( )	

Shipping Address (address where trip ticket supplies are to be shipped) ☐ Check if same as physical address

Address Line 1:					
Address Line 2:					
City:		State:		Zip:	
Phone No:	( )		Fax No:	( )	

Categories (must indicate which categories you will be dealing in)

Check ALL that apply

☐ New Dealer ($50.00)

☐ Consolidated License (all categories) - $300.00
(Requires Shellfish Certification prior to the purchase of this license. Call the Shellfish Sanitation Section at the number below for questions.)

OR

☐ Oysters - $50.00
(Requires Shellfish Certification prior to the purchase of this license. Call the Shellfish Sanitation Section at the number below for questions.)

☐ Clams - $50.00
(Requires Shellfish Certification prior to the purchase of this license. Call the Shellfish Sanitation Section at the number below for questions.)

☐ Hard and Soft Crabs - $50.00

☐ Scallops - $50.00

☐ Shrimp, including bait - $50.00

☐ Finfish, including bait - $50.00

For required dealer reporting instructions or shellfish certification questions call 1-800-682-2632 or (252) 726-7021

Signature:_____

Applicant signature Date
Must be signed to be valid

North Carolina Division of Marine Fisheries

License or Permit Application Certification Statement Form

Certification Statement (This section must be completed by Applicant)

I, _____ certify that:

1. All the information provided on this application and any supporting documentation provided is true, accurate, and complete. And further, for renewals, any changes in information or supporting documents have been provided at the time of renewal.
2. I am a resident of the State of: _____

   If claiming resident status in North Carolina, I certify further that (check one):

   ☐ I have been a legal resident for more than six months, or

   ☐ If domiciled in North Carolina between 60 days and six months, I have completed and submitted with this application a notarized Certificate of Eligibility for North Carolina Residency.

3. If applying for a Standard or Retired Standard Commercial Fishing License as a North Carolina Resident, I also certify that: (initial the appropriate entry)

   _____ I filed a North Carolina State Income Tax Return for the previous calendar or tax year.

   _____ I was not required to file a North Carolina State Income Tax Return for the previous calendar or tax year.

4. For commercial fishing licenses, permits, endorsements or registrations:
   a) I currently have no marine fisheries licenses, permits, endorsements, or registrations under suspension or revocation and the privilege to hold such licenses, permits, endorsements, or registrations is not revoked or suspended.
   b) I have not been convicted of four or more violations in any jurisdiction related to state or federal law or regulations involving or related to marine or estuarine resources during the previous three years.
   c) I understand that as a condition of accepting a permit from the Division of Marine Fisheries, I agree to abide by all conditions of the permit and agree, that if specific conditions of the permit as identified for the permit are violated, or if false information was provided in the application for initial issuance, renewal or transfer, the permit may be suspended or revoked by the Fisheries Director.

5. NC General Statute §113-221 requires the NC Division of Marine Fisheries to provide a current copy of the rules governing activities authorized by the license you are purchasing. You have the right to request a current rulebook in hardbound or electronic format.

I understand if any question arises concerning the filing of a North Carolina State Income Tax Return, I may have to provide appropriate tax records, as requested by the Division of Marine Fisheries.

I understand that any false information or fraudulent disclosures may result in termination of appropriate licenses, permits and related documents, revocation or suspension of marine fisheries licensing and other privileges, and in possible criminal prosecution.

Date Signed: _____

Signature of Applicant _____

NOTARY **(Only NEW applications must be notarized)**

State: _____

County:_____

Sworn to and Subscribed before me this _____ day of _____, 20_____

Notary Public:_____My Commission expires:_____