

**S. C. DEPT. OF NATURAL RESOURCES
MARINE RESOURCES DIVISION**

**APPLICATION FOR
SHELLFISH CULTURE PERMIT**

NAME: _____ DATE SUBMITTED _____

ADDRESS: _____

TELEPHONE NO _____ EMAIL _____

SOCIAL SECURITY # _____

1) Are you a resident of the State of South Carolina? YES _____ NO _____

2) Culture permit area you are applying for: C- _____

If not already a designated culture permit area describe location and proposed boundaries.

Attach a map with proposed culture permit area clearly marked.

County: _____ Creek or water body: _____

Description: _____

Intertidal? _____ Subtidal _____

3) Will you be operating as an individual? _____ Company/Corporation _____

Company/corporation name (if applicable) _____

Address of company/corporation _____

Responsible Party (President, CEO, Chairman of Board

4) Will you manage the permit area yourself? Yes _____ No _____

If no, who will you employ as manager? _____

5) Do you own adjoining waterfront property? Yes _____ No _____

If yes please give taxmap number(s) _____

6) Do you operate a DHEC Certified Shipper Facility? Yes _____ No _____

If so, Address _____

Certification Number: _____

7) Where will you market your shellfish _____

Certified Shipper No.: _____

8) Do you own or have access to a dock, wharf, or similar structure for unloading?

Yes _____ No _____

Location _____

- 9) Do you own floating equipment? Yes _____ No _____
 Number of shellfish boats:
 Bateaux* _____ Self-propelled boats _____ Barge/lighters _____
 If no, do you have access to such equipment? Please explain. _____

- 10) Are you currently in the Seafood business? Yes ___ No ___
 In what capacity? _____
 Years engaged _____
- 11) Have you ever previously operated in the shellfish business? Yes _____ No _____
- 12) Have you ever been issued a South Carolina Shellfish Culture/Mariculture Permit?
 Yes _____ No _____
 Permit number _____ Year(s) held _____
- 13) Number of employees who will be engaged in shellfish production? _____
- 14) Will you sell? Shell Stock _____ Shucked _____ Canned _____ Frozen _____

I, the undersigned applicant, do hereby declare the above to be the true facts concerning said applicant.

 Signature of Responsible Party

Sworn to before me this _____ Day of
 _____, 20____
 Notary Public of South Carolina
 My Commission Expires _____

REQUIRED ATTACHMENTS: Operations Plan, Map, Check for \$25 non-refundable application fee

MAIL TO: SC Dept. Of Natural Resources
 License Office
 P O Box 12559
 Charleston, S. C. 29422

If you need assistance completing this application please contact SCDNR at (843) 953-5385 or (843) 953-9311

**OPERATIONS PLAN QUESTIONNAIRE
FOR SHELLFISH CULTURE PERMIT APPLICANTS**

I. Why have you applied for a shellfish culture permit?

II. What would your proposed cultivation methods be for meeting planting requirements on your culture permit?

III. On a scale of 1-10 with 10 being the most important, how would you rate the importance of planting cultch on your culture permit _____ .

IV. Approximately what percentage of your annual harvest of oysters and clams would be harvested from this culture permit, from state shellfish grounds and from other areas? Other areas would include other culture permits under your or somebody else's management. For each species, the percentages should sum to 100%.

	CULTURE PERMIT	SSG	OTHER AREAS
OYSTERS	%	%	%
CLAMS	%	%	%

V. Do you plan to retrieve shell stock from harvested product from your culture permit for replanting purposes? Yes _____ No _____

If yes, explain _____

VI. Explain your harvesting techniques for both Oysters and clams.

VII. What is your estimated average annual harvest from this area over a five year period?

VIII. Do you cull-in-place when harvesting oysters? _____

IX. Explain how you as a culture permit holder, would manage, maintain and enhance the area you have applied for.

XI. NAME AND ADDRESS OF APPLICANT:

(CULTURE PERMIT APPLICANT)

(ADDRESS)

(CITY, STATE, ZIP CODE)

(TELEPHONE NUMBER)

Date

(APPLICANT SIGNATURE AND DATE)

This operations plan should be attached to your application for culture permit. The entire package should be mailed to:

SC Dept. Of Natural Resources
License Office
P O Box 12559
Charleston, S. C. 29422-2559

If you need assistance with this form or the application please contact DNR at (843) 953-5385 or (843) 953-9311