Instructions for the Federal Permit Application for Aquacultured Live Rock (new permit)

Rev 05/11/2020

In addition to the instructions provided herein, applicants with specific questions are encouraged to contact the Permits Office at (727) 824-5326 or toll free at (877) 376-4877 between 9:00 a.m. and 4:00 p.m. ET, or visit the SERO Permits website at ***https://www.fisheries.noaa.gov/permits-and-forms***.

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

Additional guidance regarding Aquacultured Live Rock is available on the web at: http://sero.nmfs.noaa.gov/aquaculture/

General Instructions:

Aquacultured Live Rock (ALR) permits issued to one or more permit holders allow the deposition to and harvest of materials at a specific geographic location, or *site*. Use *this* application to request an ALR permit for a site that has not previously been issued an ALR permit,

To renew an ALR permit issued to the same permit holder(s) and for the same site, use the application titled Federal Permit Application for Aquacultured Live Rock (renew permit).

If you wish to apply as a new permit holder for an already existing site, see section below on how to conduct an ALR site transfer.

Under the current agreement between NMFS and the U.S. Army Corps of Engineers (USACE), the total acreage of all aquacultured live rock sites maintained by a single permit holder in Federal waters off the coast of Florida **may not exceed 1.0 acres**. Applicants desiring to maintain sites that exceed this 1.0 acre limit must contact their local USACE office (http://www.usace.army.mil/Locations/) and inquire about the individual permitting process for the deposit of aquacultured live rock in Federal waters off the coast of Florida.

What Sections do I complete?

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- ☑ *All applicants* must fill out Section 1.
- ☑ *All applicants* must fill out Section 2a. If more than one vessel will be involved in the deposition or harvest of materials from the site, fill out Section 2b. Copy Section 2 as necessary to provide information about all vessels that may engage in the deposition or harvesting of materials from this site.
- ☑ *All applicants* must fill out Section 3. If the ALR permit is to be issued to one or more individuals, fill out section 5a for each individual to whom the permit is to be issued. If the ALR permit is to be issued to one or more businesses, fill out section 3b for each business to whom the permit is to be issued. Copy Section 3 as necessary to provide information about each individual or business requested to be an ALR Permit Holder.
- ☐ If the USCG documentation or state registration for any vessel listed in Section 2a or 2b indicates the vessel is owned by one or more individuals, fill out Section 4 for all individual owners of the vessel(s). Copy Section 4 as necessary to provide information about all individuals that owner the vessel(s) listed in Section 2.
- ☐ If the USCG documentation or state registration for any vessel listed in Section 2a or 2b indicates the vessel is owned by one or more businesses, fill out Section 5 for all business owners of the vessel(s). Copy Section 5 as necessary to provide information about all individuals that owner the vessel(s) listed in Section 2.
- ☐ Complete Section 6 to provide information about all businesses that own a business listed in Section 3b, Section 5a, and/or Section 5b. Copy Section 6 as necessary to provide information about all business owners within the ownership hierarchy of businesses requesting a permit or that own a vessel listed in this application.
- ☐ Complete Section 7 for all individual owners and officers of businesses listed in Section 3b, Section 5a and b, and Section 6a and b. Copy Section 7 as necessary to provide information about all individual owners and officers of businesses that are requesting a new permit or that own a vessel listed in this application.
- ☐ Complete Section 7c if any owners of the businesses listed in Section 3b, Section 5, or Section 6 hold an ownership percentage less than 1%. This is not common.

☑ All applicants must complete Section 8 and Section 9.

See pages 3-6 for information about specific sections of this application.

What is the fee?

The application fee is **$175**. This application fee is collected to cover the administrative cost of processing the application, and is non-refundable. The fee to replace a permit live rock permit is $18. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701.** To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

How do I transfer ownership of an existing Aquacultured Live Rock

If you are **not** the current permit holder for a particular site, you **must** include with this application a notarized statement signed by you and the current owner of the site. The notarized statement must provide details on the transfer and include the site number (e.g., AQU-XXX), latitude/longitude of the site, the full names and addresses and phone numbers of both the transferor and transferee. Note that all deposit and harvest reports for the site must be received by the NOAA Fisheries Permits Office and Florida Fish and Wildlife Research Institute, respectively, before the transfer can be finalized.

What supporting documentation do I need?

☑ **Documentation or state registration**: Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, for each vessel listed in Section 4.

☑ **Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.

☑ **Sample Deposit Material:** Provide a sample of the material to be deposited on the site for cultivation of live rock.

☑ **Nautical Chart:** Applicant shall identify the site on a nautical chart, or portion thereof, with sufficient enough detail to allow for site inspection, and shall provide accurate coordinates so that the site can be located by Global Positioning System (GPS) equipment. The chart number, title and edition must be clearly labeled and the chart must be large enough in scale to show sufficient detail to allow for site location and inspection.

☐ **U.S. Army Corps of Engineers Special Permit (if applicable)**: If the site(s) sites individually or cumulatively total more than 1.0 acre you must include a U.S. Army Corps of Engineers (USACOE) special permit for depositing material for the site(s).

☐ **Authorization from Florida Keys National Marine Sanctuary (if applicable).** If the new site is located within the Florida Keys National Marine Sanctuary, you must receive consent from the Florida Keys National Marine Sanctuary (FKNMS) Permit Coordinator (joanne.delaney@noaa.gov, or (978) 471-9653). Provide documentation of this consent with your application.

What about reporting compliance?

Deposit

Federal aquacultured live rock permit holders must report to the Permits Office after each deposition of material on a site. Such reports must be postmarked no later than 7 days after deposition and must contain the following information:

- Permit number of site and date of deposit.
- Geological origin of material deposited.
- Amount of material deposited.
- Source of material deposited, that is, where obtained, if removed from another habitat, or from whom purchased.

The form "Report for the Deposit or Harvest of Aquacultured Live Rock" is available on our public website at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_apps/index.html

Harvest

If you are landing your harvested aquacultured live rock **in Florida**, you must report to the Fisheries Dependent Monitoring Section of the Florida Fish and Wildlife Research Institute using standard form #33-610 (Marin Fisheries Trip Ticket). Call the trip ticket office at (727) 896-8626 for more information.

You may use the "Report for the Deposit or Harvest of Aquacultured Live Rock" form only if you are landing harvested aquacultured live rock **outside of Florida**.

NOTE: You may only conduct activity (*e.g.*, deposition, harvest) on your site in years when you have an active federal Aquacultured Live Rock permit.

APPLICATION SECTION 1 – SITE INFORMATION.

Complete all fields in this section.

- This section must be prepared by an independent source in a manner pursuant to generally accepted industry standards, and shall demonstrate that the proposed site:
  a) Is not a hazard to safe navigation or a hindrance to vessel traffic
  b) Avoids traditional fishing operations, or other public access
  c) Avoids impacts to naturally occurring hard bottom habitat and submerged aquatic vegetation; and
  d) Contains natural underlying substrata that is primarily hard packed sand, hard shell hash, or less than 6-12 inches of sand over rock.
- Provide a description of the site, as requested in sections 1a – 1d.
- Provide information about the independent surveyor who performed the site inspection.
- You may provide a supplemental report by the independent surveyor if such a report augments the descriptions in this section.

APPLICATION SECTION 2 – VESSEL INFORMATION.

Complete Section 2 for all vessels to be permitted to deposit or harvest of materials from the site. Copy this page as necessary to provide information about all vessels.

- Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation, or the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.
- Provide hailing port or home port of the vessel in the fields provided.
- Provide information about the Port of Landing, which is where the vessel will land the harvested aquacultured live rock, in the fields provided.
- For USCG documented vessels, provide the gross and net tonnage in the fields provided.
- Provide information about the vessel's physical characteristics in the fields provided.

APPLICATION SECTION 3 – PERMIT HOLDER INFORMATION.

Provide information about the individual(s) or business(es) to be listed as the permit holder. For individual permit holders, fill out section 3a. For business permit holders, complete Section 3b. If there is more than one permit holder, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent. Copy Section 3 as necessary to provide information about all individuals and businesses to be a permit holder. Specifically,

Section 3a

- For each individual permit holder, include the lessee's full name, Individual Tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the Individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

Section 3b

- For each business that leases the vessel, provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical address, mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

APPLICATION SECTION 4 -- INDIVIDUAL VESSEL OWNERS.

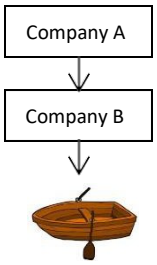
For each vessel listed in Section 2 that is owned by one or more individuals (as listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration), complete Section 4 for all individual owners listed. Complete **Section 4a** for an **individual owner**. Also fill out **Section 4b** if the vessel is **jointly owned** by another individual. Photocopy **Section 4** as necessary to provide information for all individuals that own the vessel.

- For each owner, provide the owner's full name, Individual Tax ID number (SSN), date of birth, phone number, physical and mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

APPLICATION SECTION 5 – BUSINESS VESSEL OWNERS.

For each vessel listed in Section 2 that is owned by one or more businesses (as listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration),complete section 5 for all business owners listed. Complete section 5a for a single business owner. Also fill out Section 5b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html



APPLICATION SECTION 6 –Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business listed within the ownership hierarchy of vessel owners or permit holders, as listed in Section 3b, or Section 5. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel.

- For each business, provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 5 and Company B in section 7.

APPLICATION SECTION 7 –Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business listed in Section 3b, Section 5, or Section 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity's full name, Individual Tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 8 to provide information about all individual owners and officers of Company A *and* Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

Minor shareholders

Section 7C is left blank for most applicants. Complete Section 7C if a business listed in Section 3b, 5, 6, or 7 has owners that individually own less than 1% of the business. Provide the total percentage of ownership which is individually held by owners who own less than 1%.

APPLICATION SECTION 12 – Small Business or Organization Certification

This section is required for ALL applicants. Your revenue and employment estimates for the most recent complete calendar year your business or organization was active should include the revenues and employees of ALL affiliated businesses or organizations. In general, businesses or organizations are affiliated with each other when one business or organization controls or has the power to control another business or organization, or a third party controls or has the power to control both. Specifically, businesses or organizations are considered to be affiliated if they have 50% or more ownership in common. For e.g., if the same individual or individuals own or co-own multiple businesses, those businesses would be considered affiliated and thus should be treated as a single operation for the purpose of estimating annual gross revenues and employment.

APPLICATION SECTION 9 – SIGNATURE FOR APPLICATION

The signatory for a coral permit must be the individual who will be conducting the activity that requires the permit. In the case of a corporation or partnership that will be conducting live rock aquaculture activity, the signatory must be the principal shareholder or a general partner.

KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY FISHING INCOME TO OBTAIN A PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

Public Burden Statement - A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0205. Without this approval, we could not conduct this survey or information collection. Public reporting for this information collection is estimated to be approximately 70 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the: PRA Officer, National Marine Fisheries Service, F/SER26, 263 13th Avenue South, St. Petersburg, FL 33701.

Privacy Act Statement - Authority: The collection of this information is authorized under the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C 1801 et seq.), the High Seas Fishing Compliance Act, the Tuna Conventions Act of 1950, the Antarctic Marine Living Resources Convention Act, the Western and Central Pacific Fisheries Convention Implementation Act (16 U.S.C. 6901 et seq.), the Marine Mammal Protection Act, the Endangered Species Act and the Fur Seal Act. The authority for the mandatory collection of the Tax Identification Number (TIN) is 31 U.S.C. 7701.

Purpose: In order to manage U.S. fisheries, the National Marine Fisheries Service (NMFS) requires the use of permits or registrations by participants in the United States. Information on NMFS permit applicants and renewing holders includes vessel owner contact information, date of birth, TIN and vessel descriptive information. Permit holder information may be used as sampling frames for surveys, as part of Fishery Management Council (FMC) analysis to support FMC decisions.

Routine Uses: The Department will use this information to determine permit eligibility and to identify fishery participants. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within NMFS offices, in order to coordinate monitoring and management of sustainability of fisheries and protected resources, as well as with the applicable state or regional marine fisheries commissions and international organizations. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/NOAA-19, Permits and Registrations for the United States Federally Regulated Fisheries.

Disclosure: Furnishing this information is voluntary; however, failure to provide complete and accurate information will prevent the determination of eligibility for a permit.

OMB Control Number 0648-0205; Expiration date 01/31/2024

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (9:00 a.m. - 4:00 p.m. ET)
727-824-5326 (9:00 a.m. - 4:00 p.m. ET)
https://www.fisheries.noaa.gov/permits-and-forms

FEDERAL PERMIT APPLICATION FOR AQUACULTURED LIVE ROCK (NEW)

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer Initials and date	
Check or Money Order Number and Amount	
New Site Number	
Expiration date	

Application Fees: New: $175 ☐

SCAN DATE AND INITIALS	

SECTION 1 - SITE INFORMATION

Is this a new or established site? New ☐ Established ☐ NMFS Site number: AQU- _____ If this is a new site, leave blank—NMFS will assign a number.

NOTE: If this is an established site and the applicant is not the current permit holder, the applicant must complete the site transfer requirements outlined in the instructions.

Site Location:

Latitude and Longitude must be reported as Degrees-Minutes to the third decimal place (i.e. 24-32.123 N 085-45.456 W)

Latitude Center Point _____ Longitude Center Point _____

Method of determining latitude and longitude GPS ☐ DGPS ☐ Radius (not to exceed 117.75 feet) _____ Ft.

This site is located off the state of: _____ Minimum depth of water over the site at mean low water - reported in feet. _____ Ft.

SITE SURVEY REQUIREMENT

1a. Description of the site location (i.e. 5.5NM SW of Rock key and .75NM east of Sand Shoal)

1b. Describe the naturally occurring bottom habitat at the site:

ASE2021.1; Form Revision 01/07/2021

SITE SURVEY REQUIREMENT (continued)

1c. Describe all possible hazards to safe navigation or hindrance to vessel traffic, interference with traditional fishing operations or other public access that may result from aquacultured live rock operations at the site.

1d. Describe the type, size, total amount and geological origin of the material to be deposited on the site and how it will be distinguishable (method of marking/ tagging) and description) from the naturally occurring substrate. YOU MUST PROVIDE A SAMPLE OF THE MATERIAL.

SURVEYOR INFORMATION

Company Name | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

I Certify that this survey information is true and correct to the best of my training, education and ability.

Surveyor Signature | Date Signed

Printed Name | Position in Company

Qualifications/experience of Surveyor:

SECTION 2 - VESSEL INFORMATION

Copy this page as needed to provide information for each vessel that is designated to deposit or harvest of live rock material. A vessel may not be used for depositing or harvesting of material if it is not included on the application.

SECTION 2a - Primary Vessel Information

Official Number From USCG Certificate Of Documentation

Vessel Name

Hull Identification Number

Hailing Port City

Hailing Port County Or Parish

Hailing Port State

Port of Landing City

Port of Landing State

USCG DOCUMENTED VESSELS ONLY

Gross Tons

Net Tons

International Maritime Organization (IMO) Number
As applicable (see instructions)

State Registration Number (as applicable)

Year Built

Length (ft)

Total Horsepower

Crew Size - Including the Captain

ALL APPLICANTS—HOLD or FISH BOX CAPACITY: Estimate
How many pounds of product can you bring to the dock with a full hold or fish boxes (including ice chests)?

LIVE WELL CAPACITY: How many gallons of water does your live well hold?

Hull Material

- FIBERGLASS
- STEEL
- WOOD
- CEMENT
- OTHER (DESCRIBE)

Fuel Data

- DIESEL
- GASOLINE
- OTHER (DESCRIBE)

Fuel Capacity -
Total Gallons

SECTION 2b - Additional Vessel Information

Official Number From USCG Certificate Of Documentation

Vessel Name

Hull Identification Number

Hailing Port City

Hailing Port County Or Parish

Hailing Port State

Port of Landing City

Port of Landing State

USCG DOCUMENTED VESSELS ONLY

Gross Tons

Net Tons

International Maritime Organization (IMO) Number
As applicable (see instructions)

State Registration Number (as applicable)

Year Built

Length (ft)

Total Horsepower

Crew Size - Including the Captain

ALL APPLICANTS—HOLD or FISH BOX CAPACITY: Estimate
How many pounds of product can you bring to the dock with a full hold or fish boxes (including ice chests)?

LIVE WELL CAPACITY: How many gallons of water does your live well hold?

Hull Material

- FIBERGLASS
- STEEL
- WOOD
- CEMENT
- OTHER (DESCRIBE)

Fuel Data

- DIESEL
- GASOLINE
- OTHER (DESCRIBE)

Fuel Capacity -
Total Gallons

SECTION 3 - PERMIT HOLDER INFORMATION

Complete Section 3a on this page for an individual that is a Aquacultured Live Rock Permit Holder. Complete section 3b for a business that is a Aquacultured Live Rock Permit Holder. ***Photocopy this page as needed to provide information on all permit holders. Select only ONE mailing recipient.***

Section 3a: Complete this section if an individual is the Aquacultured Live Rock Permit Holder.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's Sex? ☐ Male ☐ Female

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 3b: Complete this section if a business is the Aquacultured Live Rock Permit Holder.

Type of business: ☐ S Corporation ☐ C Corporation ☐ Cooperative ☐ Limited Liability Co. ☐ Other_____ ☐ Partnership

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3b**

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Individual Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 4 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

Vessel Number (USCG or State number)

Photocopy this page as needed to provide ownership information for all vessels listed in section 2. Use a separate page for each vessel.

Section 4a: Primary or Sole Owner: Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel.

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's Sex? ☐ Male ☐ Female

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

Individual Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 4b: Joint Owner. Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. Copy this page as needed to include ALL owners of the vessel.

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's Sex? ☐ Male ☐ Female

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

Individual Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 5 –BUSINESS VESSEL OWNER(S) INFORMATION

Vessel Number (USCG or State number)

Photocopy this page as needed to provide ownership information for all vessels listed in section 2.

Section 5a: Primary or Sole Owner: Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. *Select only ONE mailing recipient.* Photocopy this section as necessary to provide information about all businesses that own the vessel, or are owners of other businesses that own the vessel.

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Federal Employer Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 5b: Joint Owner: Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel. Photocopy this section as necessary to provide information about all businesses that own the vessel, or are owners of other businesses that own the vessel.

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Federal Employer Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 6 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 3b and 4b. Copy this section as needed.

Section 6a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Federal Employer Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 6b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Federal Employer Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - BUSINESS OFFICERS AND INDIVIDUAL OWNE3

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 5b, 5, and 6. Copy this section as needed.

Section 7a: Individual Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? Yes No **What is this individual's Sex?** Male Female

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

Individual Tax ID Number (SSN) **Date of Birth (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 7b: Additional Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? Yes No **What is this individual's Sex?** Male Female

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

Individual Tax ID Number (SSN) **Date of Birth (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - OFFICER/OWNER INFORMATION FOR BUSINESS(ES) THAT OWN OR LEASE THE VESSEL (cont.)

7c. Minor Owner Information

☐ MINOR OWNERS - Check here if one or more owners individually holds shares that is less than 1% of the total business shares.

☐ TOTAL PERCENTAGE of the business shares held by minor owners.

SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

ALL applicants must complete this section

- For vessels that are leased, complete this section for business(es), including sole proprietorship(s),or organization(s) that lease the vessel.
- For vessels that are not leased, complete this section for business(es), including sole proprietorship(s), ororganization(s) that own the vessel (i.e., the business(es), including sole proprietorship(s), or organization(s) that appear on the vessel's USCG documentation or state registration).

Information needed to complete this section: Please estimate your annual gross revenues (sales) for the most recent calendar year your business or organization was active prior to this year. Your primary activity is the activity that generated the greatest percentage of annual gross revenues in the most recent complete calendar year the business or organization was active. Review the business/organization descriptions in Boxes 1 through 7 and identify the one that describes the applicant's primary activity. If the business is primarily a seafood dealer or processor, estimate the number of employees for the most recent calendar year your business or organization was active prior to this year. Include all full-time, part-time, and temporary employees in your estimate, but do not include crew that work on any vessels owned by the business or organization or its affiliates. Your estimates should account for the revenues and employees of ALL businesses and organizations with which your business or organization is affiliated. See the instructions at the beginning of the application package for more information about affiliation. **If you have questions about affiliation and how it applies in your case, please call 727-824-5305 and ask for one of our Office's economists.**

How to fill out the form: Start with Box 1. If the answer to the question in Box 1 is "Yes,'' check "Yes" and answer the questions in the box to the right and follow the instructions in that box. If the answer to Question 1 is "No," check "No" and go to Box 2. Continue this process until you have either: (1) answered "Yes" to ONE of the questions in Boxes 1 through 6 AND the applicable questions in the boxes to the right, OR (2) answered all questions in Box 7.

Box 1. Is the business primarily involved in harvesting seafood (commercial fishing)?

Yes ☐ No ☐

If the answer is yes, go to question 1A to the right. Otherwise, go to Question 2 below.

1A) Was the business active prior to this year?

Yes ☐ No ☐

If yes, go to question 1B. If no, **you are done. Go to Section 9 of the application.**

1B) What was the most recent year the business was active prior to this year?

_____

Did the business have more than $11 million in gross receipts in that year? Yes ☐ No ☐

You are done. Go to Section 9 of the application.

Box 2. Is the business primarily involved in for-hire fishing services (charter, party/headboat)?

Yes ☐ No ☐

If the answer is yes, go to question 2A to the right. Otherwise, go to Question 3 below.

2A) Was the business active prior to this year?

Yes ☐ No ☐

If yes, go to question 2B. If no, **you are done. Go to Section 9 of the application.**

2B) What was the most recent year the business was active prior to this year?

_____

Did the business have more than $8 million in gross receipts in that year? Yes ☐ No ☐

You are done. Go to Section 9 of the application.

Box 3. Is the business primarily involved in buying and selling seafood (seafood dealer/wholesaler)?

Yes ☐ No ☐

If the answer is yes, go to question 3A to the right. Otherwise, go to Question 4 below.

3A) Was the business active prior to this year?

Yes ☐ No ☐

If yes, go to question 3B. If no, **you are done. Go to Section 9 of the application.**

3B) What was the most recent year the business was active prior to this year?

_____

Did the business have more than 100 employees? Yes ☐ No ☐

You are done. Go to Section 9 of the application.

Box 4. Is the business primarily involved in processing seafood (seafood processor)?

Yes ☐ No ☐

If the answer is yes, go to question 1A to the right. Otherwise, go to Question 5 on the next page.

4A) Was the business active prior to this year?

Yes ☐ No ☐

If yes, go to question 4B. If no, **you are done. Go to Section 9 of the application.**

4B) What was the most recent year the business was active prior to this year?

_____

Did the business have more than 750 employees? Yes ☐ No ☐

You are done. Go to Section 9 of the application.

Next page

SECTION 12 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION
(Continued from previous page)

Box 5. Is the organization an Environmental, Conservation and Wildlife, or Professional Non-Profit Organization?

Yes ☐ No ☐

5A) Was the organization active prior to this year?

Yes ☐ No ☐

If yes, go to question 5B.
If no, **STOP! You are done.**

5B) What was the most recent year the organization was active prior to this year?

_____

Did the organization have more than $15 Million in gross receipts? Yes ☐ No ☐

STOP! You are done.

Box 5. Is the organization some other Non-Profit Organization (e.g., business association)?

Yes ☐ No ☐

If the answer is yes, go to question 6A to the right. Otherwise, go to Question 7 below.

6A) Was the organization active prior to this year?

Yes ☐ No ☐

If yes, go to question 6B.
If no, **STOP! You are done.**

6B) What was the most recent year the business was active prior to this year?

_____

Did the organization have more than $7.5 Million in gross receipts? Yes ☐ No ☐

STOP! You are done.

7) The business or organization must be primarily involved in another industry not related to fishing or seafood.
Refer to SBA's list of North American Industry Classification System (NAICS) codes
(see https://www.sba.gov/document/support--table-size-standards) and enter the NAICS code for your primary activity here:

Based on the applicable SBA size standard, check the appropriate box to indicate if the business or organization is Large or Small and report the year on which that conclusion was based.

Large ☐ Small ☐ Year: ☐ **STOP! You are done.**

SECTION 9 —APPLICANT SIGNATURE — I certify that the information provided is complete and correct.

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857).

The applicant must be an individual named as permit holder in Section 3a, or an officer or shareholder of the business listed in Section 3b as the permit holder.

Applicant Signature ☐ Date Signed ☐

Printed Name ☐ Position in Company ☐