



**SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES  
MARINE RESOURCES DIVISION**

**APPLICATION FOR SHELLFISH CULTURE PERMIT**

**Under authority of SC Code of Laws §50-5-900.** SCDNR “may grant permits to any state resident for the exclusive use of portions of the intertidal or subtidal state-bottoms or waters for commercial shellfish culture or mariculture not to exceed an aggregate of five hundred acres of bottoms or an aggregate of one hundred surface acres of waters to any entity.” **SC Code of Laws §50-9-30 defines resident for the** purpose of obtaining a commercial license, permit, or tag, as “a United States citizen who has been domiciled in this State for three hundred sixty-five consecutive days or more immediately preceding the date of application” or “a business that has been incorporated and operating in this State for three hundred sixty-five days or more immediately preceding the date of application”. Proof of residency is required. There is a non-refundable \$25 application fee.

If two or more people are applying as joint permit-holders, applicants are jointly and severally responsible for meeting permit conditions. All applicants must sign all permit documents.

**Don't forget to have your form notarized. Your form will be returned to you unprocessed if it is not notarized.**

DATE OF APPLICATION \_\_\_\_\_

**Part 1. Applicant Information**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO \_\_\_\_\_ EMAIL \_\_\_\_\_

SOCIAL SECURITY# or FEIN# \_\_\_\_\_

Co-applicant if applicable \_\_\_\_\_

Address of co-applicant \_\_\_\_\_

Telephone# \_\_\_\_\_ SSN/FEIN \_\_\_\_\_

**Please provide proof of residency (e.g. copy of SCDL) for all applicants.**

**If one or more applicants is a corporation, partnership or LLC please complete the information for businesses and supply proof that the company qualifies as a SC resident under above definition.**

**Part 2. Permit area information**

**Complete either Section A or Section B.**

A. Culture permit area you are applying for: C-

B. If you are proposing a culture permit where non currently exists, please attach a map with proposed culture permit area clearly marked and complete information below.

County: \_\_\_\_\_ Creek or water body: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Intertidal? \_\_\_\_\_ Subtidal? \_\_\_\_\_

Please provide GPS coordinates if available.

\_\_\_\_\_

**Part 3. Qualifications**

1. Have you visited this culture permit area to assess its suitability for your purposes?

Yes  No

2. Will you manage the permit area yourself? Yes  No

If no, who will you employ as manager?  
\_\_\_\_\_

3. Do you own adjoining waterfront property? Yes  No

If yes please give taxmap number(s)  
\_\_\_\_\_

4. Do you own or have access to a dock, wharf, or similar structure for unloading? Yes  No

Location  
\_\_\_\_\_

5. Please indicate in the table below the quantity of different types of boats or other floating equipment owned by you or available for your use.

Number and type of shellfish boats:

Type of Boat	Number Owned	Number available
Bateaux		
Motor boats		
Barge/lighters		
Other(specify)		
Other(specify)		

6. Are you currently or were you previously in the Seafood business? Yes  No

In what capacity? \_\_\_\_\_

Number of years engaged \_\_\_\_\_

7. Do you have a Wholesale Dealers License? Yes  No

License No.: \_\_\_\_\_

8. Do you operate a DHEC Certified Shellfish Facility? Yes  No

If so, Address \_\_\_\_\_

Certification Number: \_\_\_\_\_

If you are not a wholesale dealer operating a DHEC-certified facility, please provide the name of the wholesale dealer/certified facility through which you will market your product.:

Name \_\_\_\_\_

9. Number of people who will be engaged in shellfish production? \_\_\_\_\_

10. Will you sell (check all that apply):      Shell Stock       Shucked   
    Canned       Frozen

11. Have you ever been issued a South Carolina Shellfish Culture or Mariculture Permit?    Yes  No

<u>Permit Number</u>	<u>Year(s) held</u>

**Part 4. Operations Plan**

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

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

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3. 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?

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

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5. Complete the table below showing approximately what percentage of your total 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 total 100%.

	Culture Permit		SSG		Other Areas		Total
Oysters		%		%		%	100%
Clams		%		%		%	100%

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

7. If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

8. Explain your harvesting techniques for both oysters and clams.  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Do you cull-in-place when harvesting oysters? Yes  No

10. Explain how you would manage, maintain and enhance the area you have applied for.  
 \_\_\_\_\_  
 \_\_\_\_\_

Sworn to be before me this \_\_\_\_\_ Day of  
\_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
Notary Public of South Carolina

My Commission Expires \_\_\_\_\_

**Applicant**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Sworn to be before me this \_\_\_\_\_ Day of  
\_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
Notary Public of South Carolina

My Commission Expires \_\_\_\_\_

**Co-Applicant**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**REQUIRED ATTACHMENTS:**

**Map if not an existing culture permit area**

**Proof of residency for each individual applicant (e.g. copy of SCDL)**

**Company Information Form and proof of existence for business applicants**

**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) 953-9391 or (843) 953-9841.