

CHARTER HALIBUT PROGRAM	Application for Charter Halibut Permit(s) Community Quota Entries For IPHC Regulatory Area 3A	City of Seldovia Community Holding Corporation PO Box 51 Seldovia, Alaska 99663 907-242-9709 Fax # 907-234-7430 cassidi@cityofseldovia.com
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APPLICANT INFORMATION must be received by April 1, 2011
LATE APPLICATIONS WILL BE DENIED

1. Applicant Name(s):		
2. Business Mailing Address (Street or PO Box, City, State, Zip Code):		
3. Business Telephone Number:	4. Business Fax Number:	5. Business E-mail Address:
6. Is the applicant an individual U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter date of birth: _____	7. Is the applicant a U.S. corporation, partnership, association, or other business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter date of incorporation: _____	
8. Is the applicant a resident of the City of Seldovia or reside within a 10-mile radius? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHARTER HALIBUT FISHING BUSINESS(ES) YOU OWNED

Name of Business	State of Alaska Business License Number	Number Year(s) of Operation (State Years of Operation)

VESSELS OPERATED BY CHARTER HALIBUT FISHING BUSINESS(ES)

Vessel Name	ADF&G Vessel Registration No.	USCG Documentation No. or State Registration No.	Saltwater Charter Vessel Logbook No.	Year of Operation	No. of Trips

VESSEL MOORAGE

Vessel Name	Vessel Size and Color	Seldovia Harbor Slip Number

EMPLOYEE INFORMATION

Will Applicant have additional employees? Yes No If YES, list them below:

Name	Position	Are they a resident of the City of Seldovia or reside within a 10-mile radius?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT SIGNATURE

I have available liability insurance in the minimum amount required by the State of Alaska for carrying on the charter business contemplated, and both this corporation and the City of Seldovia shall also be named as insured on such policy.

I agree to hold this corporation and the City of Seldovia harmless from any liability arising out of my exercise of the privileges conferred upon me under any permit awarded hereunder.

I certify that I have sufficient assets or credit to carry on the business contemplated during the term of the permit granted hereunder.

I certify that I will be available for charter for at least 120 days during the year the permit sought is in effect.

I am applying for a Charter Halibut Permit/Community Quota Entry from the City of Seldovia, Community Holding Corporation for the year _____. I will provide supporting documents, if required. Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge, all statements in the application are true.

1. Signature of Applicant:

2. Date:

3. Printed Name of Applicant: