



**INCORPORATED VILLAGE OF OCEAN BEACH**

P.O. BOX 457, OCEAN BEACH, NEW YORK 11770-0457  
TEL: (631) 583-5940 FAX: (631) 583-7597

**LONG TERM JET SKI SLIP RENTAL APPLICATION**

**FEE \$250.00  
NON REFUNDABLE**

This application must be returned to the Village Office accompanied by your *current registration, permit fee, and proof of liability insurance* with the Village named as *Additional Insured*. Check or money order should be made payable to the Inc. Village of Ocean Beach. **INCOMPLETE APPLICATIONS RECEIVED WILL NOT BE CONSIDERED.**

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

OCEAN BEACH ADDRESS OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT (WINTER), IF OTHER THAN ABOVE: \_\_\_\_\_

\_\_\_\_\_

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

TELEPHONE NUMBER (S): OCEAN BEACH: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMERGENCY "BOAT BUDDY" CONTACT: NAME/PHONE \_\_\_\_\_

TYPE OF JET SKI: \_\_\_\_\_

REGISTRATION NUMBER: \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF DOCKING EQUIPMENT YOU INTEND TO USE AND METHOD OF INSTALLATION (ABSOLUTELY NO EQUIPMENT TO BE AFFIXED TO VILLAGE BULKHEADING): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: ALL EQUIPMENT MUST BE REMOVED FROM THE DOCK AND THE BAY AT CLOSING OF THE SEASONAL MARINA WHICH PURSUANT TO CODE IS NOVEMBER 15, 2017.**

Applicant shall indemnify and hold harmless the Village of Ocean Beach (VOB) and its Trustees, officers, employees, contractors and agents against any and all claims and demands for any injury to persons or property arising from the use of the subject premises. This indemnification and hold harmless clause shall survive the expiration or termination of the term of this Rental Permit with respect to acts or events occurring or alleged to have occurred during the term of this Rental Permit.

DATE: \_\_\_\_\_

(PRINTED NAME OF APPLICANT)

(SIGNATURE OF APPLICANT)

**\* SLIP RENTAL PERIOD FROM APRIL 1, 2017 TO NOVEMBER 15, 2017 \***

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**FOR OFFICE USE ONLY**

**Date Application Received:** \_\_\_\_\_ **Fee Paid: \$250.00** \_\_\_\_\_ **Cash Receipt No.:** \_\_\_\_\_

DATE PERMIT ISSUED: \_\_\_\_\_

SLIP NUMBER: \_\_\_\_\_