



INCORPORATED VILLAGE OF OCEAN BEACH

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

2018
MEDICAL/DISABILITY PERMIT APPLICATION
*****ANNUAL FEE: \$20.00*****
NON-REFUNDABLE

INCOMPLETE APPLICATIONS WILL BE RETURNED

New Applicant _____ RENEWAL _____ Lost Plate Fee: \$ 10.00

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

FIRE ISLAND ADDRESS: _____

FIRE ISLAND COMMUNITY: _____

TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

CHECK ONE OF THE FOLLOWING:

_____ Bicycle

_____ Tricycle

_____ Single Seat Motorized Cart

_____ Electric _____ Gas _____ Make _____ Model _____ Color

_____ Multi-Seat Motorized Cart

_____ Electric _____ Gas

* Current Driver's License Must Be Included for Single Seat & Multi-Seat Motorized Carts

* Insurance Certificates Must Be Included for Single Seat Motorized Carts & Multi Seat Motorized Carts

PHYSICIAN'S STATEMENT ON REVERSE MUST BE COMPLETED

SPECIAL NOTE: CODE 156-9 RE MOTORIZED CART WILL BE STRICTLY ENFORCED.

"No passengers or freight or other items of a non-personal nature shall be carried on such a vehicle".

FOR OFFICE USE ONLY

Date Application Received: _____ Fee Paid: \$20.00 Cash Receipt No.: _____

Approved: _____ Conditions (if any): _____
Comments: _____

Denied: _____ Comments: _____

Authorization: _____
(Mayor's Signature)

Effective Date: _____ Permit No.: 2018 - _____ .

