

TOWN OF BARNSTABLE
APPLICATION FOR ANNUAL MOORING PERMIT

PERMIT NUMBER: _____ **FEE:** _____ **YEAR:** _____

LOCATION ASSIGNED: _____ **MOORING #:** _____

(Please print or type)

NAME: _____

SUMMER/LOCAL	MAILING (WINTER)
ADDRESS: _____	_____
_____	_____
_____	_____

PHONE NUMBER(S):

() _____ - _____	() _____ - _____
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CELL: () _____ - _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **TELEPHONE:** () _____ - _____

LOCATION REQUESTED: _____ **BOAT NAME:** _____

MAKE: _____ **YEAR:** _____ **LENGTH:** _____ **DRAFT:** _____

COLOR: _____ **REG/DOC #:** _____ **EXP:** _____

MOORING INFORMATION:

ANCHOR TYPE: _____ **MOORING BALL:** _____

LAST FULL INSPECTION: _____ **SERVICER:** _____

MOORING WEIGHT: _____ **CHAIN SIZE:** _____

ATTACHMENTS:

- | | |
|-------------------------------------|--|
| -COPY OF REGISTRATION/DOCUMENTATION | -PROOF OF PAID EXCISE TAX (17'+ Vessels) |
| -MOORING INSPECTION REPORT | -PAYMENT TO "Town of Barnstable" |
| -SELF ADDRESSED STAMPED ENVELOPE | |

THE TOWN OF BARNSTABLE ASSUMES NO RESPONSIBILITY FOR THE SAFETY OF THE VESSEL MOORED ON THE MOORING AND WILL NOT BE LIABLE FOR FIRE, THEFT, OR DAMAGE TO SAID VESSEL AND/OR MOORING, ITS EQUIPMENT OR ANY PROPERTY IN OR ON SAID VESSEL. THE MOORING OWNER AGREES THAT THE MOORING OF ANY VESSEL SHALL BE AT HIS/HER OWN RISK, HAS READ AND WILL COMPLY WITH ALL MOORING REGULATIONS OF THE TOWN OF BARNSTABLE.

IT IS THE RESPONSIBILITY OF THE INDIVIDUAL TO PERIODICALLY INSPECT ALL CHAFING GEAR ON THE MOORING PENNANTS TO ENSURE PROTECTION THROUGHOUT THE SEASON. THE TOWN OF BARNSTABLE WILL NOT BE RESPONSIBLE FOR THE VESSEL GOING ADRIFT, AGROUND, OR DAMAGING ANOTHER VESSEL OR PROPERTY.

OWNERS SIGNATURE

DATE

MOORING OFFICER SIGNATURE