

CITY OF MILLVILLE

APPLICATION FOR USE OF MUNICIPAL DOCKS

LICENSE APPLICATION (Resolution No. A- 5507)

Dockage Fee - \$150.00 per month or any portion of a month
Proof of Liability Insurance in the amount of \$1,000,000.00 for personal injury and \$1,000,000.00 for docking liability must be submitted with application

Copy of State of New Jersey Tax Sale Certificate

A copy of Photo Driver's License required by each person listed on application

DATE OF APPLICATION: _____ APPLICATION FEE PAID: \$ _____

NAME OF BUSINESS/ORGANIZATION: _____
Attach Copy of State of New Jersey Tax Sale Certificate

BUSINESS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

COMMERCIAL VESSEL INFORMATION:

VESSEL NAME: _____ COLOR: _____

MAKE _____ MODEL: _____ LENGTH: _____

HULL ID#: _____ PASSENGER CAPACITY: _____

REGISTRATION: _____
Attach Copy of Registration

DISCHARGE HOLDING
TYPE OF MARINE TOILET: NONE: OVERSIDE: TANK: PORTA POTTI:

DESCRIPTION OF SERVICES PROVIDED: _____

DATE(S) OF OPERATION: _____

HOURS OF OPERATION: _____

Please provide the following Attachments with this application:

1. Certificate of Insurance
2. Copy of Photo Driver's Licenses of Each Person Listed on Application
3. Copy of Registration
4. Copy of United States Coast Guard Certificate of Inspection
5. Copy of Captain's Commercial Vessel License

OWNER INFORMATION:

NAME(S) OF OWNER(S), PARTNER(S), REGISTERED AGENT(S):

1) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME(S) OF OWNER(S), PARTNER(S), REGISTERED AGENT(S):

2) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME(S) OF OWNER(S), PARTNER(S), REGISTERED AGENT(S):

3) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

CAPTAIN'S INFORMATION:

NAME(S) OF CAPTAIN(S): (Please Attach Commercial Vessel License)

1) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME(S) OF CAPTAIN(S): (Please Attach Commercial Vessel License)

2) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

CAPTAIN'S INFORMATION (CONT):

NAME(S) OF CAPTAIN(S): (Please Attach Commercial Vessel License)

3) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

NAME(S) OF CAPTAIN(S): (Please Attach Commercial Vessel License)

4) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

NAME(S) OF CAPTAIN(S): (Please Attach Commercial Vessel License)

EMPLOYEE INFORMATION:

1) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

2) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

3) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

4) _____ PHONE#: _____
Please Print Full Name

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

§ 43-49. Regulations.

- A. No person shall occupy or use a dock at the marina unless and until the required dockage has been paid and only between the hours of 6:00 a.m. and 12:00 midnight.
- B. Dockage shall be charged for the use of the docks and marina facility as established by resolution of the governing body of the City. Commercial vessels shall be permitted to use the docks and marina only by special permit after satisfying all of the requirements set forth in the resolution of the governing body establishing dockage.
- C. The City shall not be responsible for any damage or loss of hardware, mooring, ropes or tackle or any other equipment of the owner of any boat, vessel or yacht docked at the marina.
- D. If a boat, vessel or yacht sinks or takes on water while docked at the marina, the owner or operator shall have 48 hours to raise and remove the vessel. If the owner or operator does not act within that time frame, the City may raise and remove the vessel at the expense of the owner or operator.
- E. In the event that any boat, vessel or yacht is unlawfully anchored or tied at the marina so as to obstruct the use of any other dock, then the owner or operator may be cited for a violation of these regulations.
- F. Every person operating a boat, vessel or yacht at the marina shall do so at a safe speed and in a safe manner so as not to endanger the safety of themselves or others or to cause damage to any private or public property.
- G. No person shall damage the docks or other facilities at the marina.
- H. No person shall litter (as defined in Chapter 60 of the Municipal Code) the docks, marina, or the adjacent lands and waterways.
- I. No person shall fish or swim from the docks or the other marina facilities.
- J. No person shall consume alcoholic beverages on a vessel while docked at the marina or on the docks and marina facilities.
- K. No person shall sell, or offer for sale, beverages, food, merchandise, or other tangible personal property on the docks, marina, or the adjacent lands or waterways.
- L. No person shall move or remove any temporary or permanent barriers, directionals, fences, gates, or signs from the docks, marina or the adjacent lands.

§ 43-50. Violations and penalties.

Any person violating any of the provisions of this article, shall, upon conviction thereof, be subject to the penalties set forth in Chapter 1, General Provisions, Article III.

I, acknowledge and understand the above rules and regulations and certify that my vessel and licensed operators are in compliance with all Federal, State and Local Laws:

SIGNATURE OF OWNER: _____
Signature Date

_____ Print Name Date

DEPARTMENT OF PARKS AND PUBLIC PROPERTY:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Superintendent _____
Signature Date

A brief explanation, if license was denied: _____

ROBERT CONNER, MINTS INSURANCE AGENCY:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Robert Conner _____
Signature Date

A brief explanation, if license was denied: _____

APPROVED: DENIED: City Clerk _____
Signature Date