Customer ID # ____

Application for Mooring Permit

For the placement of temporary moorings, floats or rafts
Held by anchor or bottom within the territorial jurisdiction of the

Town of Provincetown

Check one: New:_____Renewal_____Change

Name: _____

Billing Address: _____/_____/_____/_____
 # or P.O. Box # and Street *Town* *ST* *ZIP*

Local Address):_____/_____/____/_____
(If different) *# and Street* *Town* *ST* *ZIP*

Telephone Numbers: Days _____Evenings _____

Cell Phone _____Other _____

Emergency Contact: _____/_____
Name *Phone Number*

Vessel Registration or Documentation Numbers: _____

Vessel Name: _____ Type: Power___ Sail ___ Commercial ___

Use: Pleasure ___ Commercial ___ Color _____ Length _____ Hull Year _____

Vessel Model: _____Vessel Manufacturer: _____

Visual Location of Mooring: _____

Latitude: _____Longitude: _____

Block: Weight _____ Scope _____

I hereby certify that the above information is true and complete. I understand that any false statements made herein shall be grounds for revocation of any mooring permits granted.

Attach copies of vessel registration/documentation, and Excise Tax Receipt.

Signature of Applicant/Owner _____Date _____

To be Filled in by Provincetown Harbormaster:

Approved _____ Approved with Conditions _____ Disapproved _____

Statement of Conditions or Reason for Disapproval:_____

Mooring Permit # _____ Expires: December 31, _____

Mooring Fee Amount: _____Late Fee Amount _____ Total Amount _____

Payment by: Check (#) _____ Cash ____ Date Paid _____

Signature _____, Assistant Harbormaster