



TOWN OF SHELTER ISLAND
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SHELTER ISLAND, NEW YORK 11964

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REGISTRAR OF VITAL STATISTICS
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**APPLICATION FOR PERMIT
TO CONDUCT BUSINESS ON TOWN PROPERTY
TO THE TOWN BOARD OF THE TOWN OF SHELTER ISLAND**
Fee: \$150.00 Application Fee

This form must be completed in its entirety. Any missing or incomplete information will prevent this application from being presented to the Town Board.

Applicant Information:

Applicant Name: _____ Age: _____
Address: _____
Email: _____ Cell #: _____ Office #: _____
Contact Person (if different from applicant): _____
Email: _____ Cell #: _____ Office #: _____

If the applicant is other than the owner, please provide the following information:

Owner Name: _____
Attached hereto and designated as Exhibit A, is an affidavit from the owner giving the applicant authority to make this application.

Nature of the Business

Number of Employees: _____

Does your business require you to obtain a permit from: **(If yes to any of the below please attach copy of permit)**

___ DEC ___ FEMA ___ Suffolk County Department of Health

___ ABC (Liquor License) ___ Other (Please Specify _____)

___ No other permits required with the exception of this application.

Requested Location(s)

Name, Address, Location of Town property where business will be conducted

Site Map Required - Please supply a site map of where the proposed business will be located including the configuration of the property; the names and record owners of the adjoining properties; the streets or highways abutting said property; the size and location of any existing buildings.

Site Map Attached ____ **Yes** ____ **No**

Operating Hours

Setup date _____

Opening date _____

Hours

S Start _____ Finish _____

S Start _____ Finish _____

M Start _____ Finish _____

T Start _____ Finish _____

W Start _____ Finish _____

T Start _____ Finish _____

F Start _____ Finish _____

Closing Date: _____

Cleanup date: _____

Parking

Expected number of vehicles intended to use the Town property at any one time _____

Provide a parking plan including a map showing how parking shall be arranged including the layout of any parking area for motor vehicles, including the means of ingress and egress to such parking area.

Parking Map Attached ____ **Yes** ____ **No**

Operations

Describe all structures or equipment to be erected for the business use including any tents, huts, trailers, chairs, etc. Provide photos of special equipment

Describe the Number and Types of Vehicles involved in business. Provide photos if not standard car or pickup truck. _____

Expected maximum number of people intended to use the Town property at one time _____

Describe the method and manner in which sanitary facilities are to be provided for the disposal of human waste, garbage and other debris. _____

Noise: Are you requesting a sound system or is there equipment that is part of the business operation that generates noise (i.e. generator or engine) amplified music or other noise

Yes _____ No _____ Description of device _____

If yes to above provide a diagram and statement showing the type, number and location of any sound amplifiers, loud speakers, sound trucks or other similar sound equipment, generator, engine or other device that will be creating said noise

Sound/Noise Diagram Attached _____ **Yes** _____ **No**

Lighting; if there are to be outdoor lights or signs provide, a map showing the number, location, size, type and illuminating powers of such lights and signs.

Lighting Map Attached _____ **Yes** _____ **No**

Liter / Debris: The area must be completely cleaned when business is completed each day and at the end of the season.

Insurance: Please supply a copy of a certificate of insurance in compliance with §33-2 of the Shelter Island Town Code.

Insurance Certificate Attached _____ **Yes** _____ **No**