

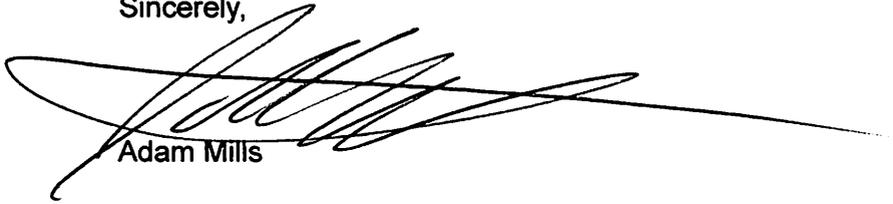
Town of Shelter Island,

Please find the 2026 seasonal commercial business application attached for Kayak Shelter Island LLC.

Now celebrating our 33rd year on the island, we remain dedicated to providing high-quality kayak and paddleboard services while maintaining the stewardship of the Coecles Harbor Marine Water Trail.

Thank you for your consideration. We look forward to another season on the waters of Shelter Island.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Adam Mills', with a long horizontal flourish extending to the right.

Adam Mills

Kayak Shelter Island LLC



TOWN OF SHELTER ISLAND  
P.O. BOX 1549  
SHELTER ISLAND, NY 11964

SHELBY MUNDY  
TOWN CLERK

631-749-1166  
FAX 631-749-3436  
TOWNCLERK@SHELTERISLANDTOWN.GOV

## APPLICATION FOR PERMIT TO CONDUCT BUSINESS ON TOWN PROPERTY TO THE TOWN BOARD OF THE TOWN OF SHELTER ISLAND

**APPLICATIONS ARE DUE BY FEBRUARY 27, 2026**

Fees:	Commercial Trucks	\$350	Transient use	\$50/season
	10x10 space:	\$350	(1 day per week, no more than 2 hours)	
	20x20 space:	\$500	Transient use	\$100/season
			(2 days per week, no more than 2 hours each day)	

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

**Applicant Information:**

*Please provide a copy of applicant's photo I.D.*

Applicant Name: Kayak Shelter Island LLC / Adam Mills

Address: p.o 751 11964

Email: KayakShelterIsland@gmail.com Cell #: [REDACTED] Office #: 631-749-1990

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 – Please review the following guidelines and provide a description of services:**

- Retail is not permitted on Town Beaches
- Shelter Island Brick's & Mortar's will be considered to have priority
- RFP's will be accepted for competing businesses

Kayak and paddleboard rentals and tours. Providing guided and self guided tours primarily along the "cockles Harbor marine water Trail" via the Burns Road access. We also deliver rentals by request, island wide.

Number of Employees: 1-3

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

80 Burns Rd. 11964.

*Wades Beach- This location has a two business limit with 20'x20' area, which includes a maximum tent size of 10'x10'. Duplication of services will not be permitted. No utilization of the beach or pavilion.*

*Crescent Beach- This location has a five business limit with a 20'x20' area, which includes a maximum tent size of 10'x10'. Duplication of services will not be permitted.*

**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**

*Permitted hours are 9AM – 7PM*

Setup date \_\_\_\_\_

Opening date May 2026

**Hours**

S	Start <u>9am</u>	Finish <u>Sunset</u>
S	Start <u>9am</u>	Finish <u>Sunset</u>
M	Start <u>9am</u>	Finish <u>Sunset</u>
T	Start <u>9am</u>	Finish <u>Sunset</u>
W	Start <u>9am</u>	Finish <u>Sunset</u>
T	Start <u>9am</u>	Finish <u>Sunset</u>
F	Start <u>9am</u>	Finish <u>Sunset</u>

Closing Date: November 2026

Cleanup date: \_\_\_\_\_

**Parking**

Expected number of vehicles intended to use the Town property at any one time 1-5

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.

*A separate parking permit is required for use of parking space.*

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

A trailer is used to bring all equipment to the site daily. The car and trailer are used as staging/office space.

Describe the Number and Types of Vehicles involved in business. Provide photos if not standard car or pickup truck. Black Jeep, Wrangler, aluminum Kayak trailer.

Expected maximum number of people intended to use the Town property at one time 10

Describe the method and manner in which sanitary facilities are to be provided for the disposal of human waste, garbage and other debris. All patrons are advised that there are no restroom facilities on site and they should take care of any concerns before arrival. All trash and refuse is removed at the start and end of every day.

Any refuse or rubbish noticed during the day is removed immediately.

**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

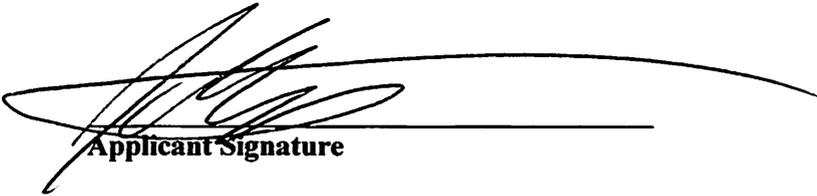
**Lighting;** if there are to be outdoor lights or signs provide, a map showing the number, location, size, type and illuminating powers of such lights and signs.

**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. Town of Shelter Island must be listed as co-insured and state services offered.

**Insurance Certificate Attached**  Yes  No

  
Applicant Signature

2/19/26  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

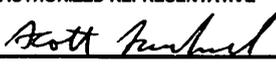
<b>PRODUCER</b> K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	<b>CONTACT NAME:</b> SCU - Outfitters & Guides	
	<b>PHONE (A/C, No, Ext):</b> 1-877-783-1161	<b>FAX (A/C, No):</b> 1-260-459-5502
	<b>E-MAIL ADDRESS:</b> OandG@kandkinsurance.com	
	<b>PRODUCER CUSTOMER ID:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Markel Insurance Company	<b>NAIC #</b> 38970
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** W02999529 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: MEMBER	X		M1RPA0000550378300	08/28/2025 12:01 AM EDT	08/28/2026 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000 MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY BODILY INJURY TO PARTICIPANTS COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE AGGREGATE PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	<b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>						PRIMARY MEDICAL EXCESS MEDICAL

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Kayak/Canoe/Raft/Tube/Paddle & Surf Board Rental Operations Class I, II, III rivers, flatwater (non-guided/guided)  
 Certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured. Coverage does not extend to the negligence or errors & omissions of the additional insured.

<b>CERTIFICATE HOLDER</b> Town of Shelter Island 38 North Ferry Rd, PO Box 1549 Shelter Island, NY 11964 (Permit Grantor)	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Coverage is only extended to U.S. events and activities.

\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas



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# Policy Search

## View Policy Info

To view policy information, choose a Policy Number from the dropdown.

Policy Number  
[Redacted]

Submit

**Policy Name**  
KAYAK SHELTER ISLAND  
**Policy Number**  
[Redacted]  
**Policy Representative**  
SAFETY GROUP UNIT  
**Current Policy Period**  
06/01/2025 - 06/01/2026

**Policy Status**  
Active  
**NYSIF Office Code**  
I - Suffolk (Haup)  
**Group Number**  
90

[Policy Information](#)

[Account Summary](#)

[Monthly Bills](#)

[Statement of Account](#)

[Details](#)

[Endorsements](#)

[Entities](#)

[Locations](#)

[Period](#)

[Pay Class](#)

### Policyholder & Representative Info -

### Policy Profile -

#### Policyholder Info

**Name** KAYAK SHELTER ISLAND  
**Address** PO BOX 751  
SHELTER ISLAND, NY, 11964  
**Phone Number** 631-749-1990

#### Representative Info

**Name** SAFETY GROUP UNIT  
**Address** 199 CHURCH STREET  
NEW YORK, NY, 10007  
**Phone Number** N/A

### Premium +

### Date -

**Inception Date** 06/01/2024  
**Original Inception Date** 06/01/2024  
**Current Renewal Start Date** 06/01/2025  
**Last Billing Cycle Date** 01/05/2026  
**Current Account Balance Date** 01/05/2026  
**Current Period Start Date** 06/01/2025  
**Current Period End Date** 06/01/2026  
**Anniversary Date** 06/01/2026  
**WCB Cancellation Date** N/A

**NYSIF Cancellation Date** N/A  
**Cancellation Reason** N/A  
**Name Change** N/A  
**Address Change** N/A

**Policy Number** [REDACTED]  
**Status** Active  
**Group** 90  
**Principal's Name** ADAM MILLS  
**Industry Group** Others - (A)  
**Active Entities** 1  
**Active Locations** 1  
**Excluded Locations** 0  
**County** Suffolk - (17)  
**State Fund District** I  
**Rated** R  
**Rating Board File Number** 1847027  
**Combinable Policy Count** 1  
**FEIN** 852574229  
**SSN** N/A  
**Unemployment ID** N/A  
**Audit Plan** Yearly  
**Bill Plan** No-Provisional - (01)  
**Certificates** 0  
**Payroll Audit District** N/A  
**Business Type** Limited Liability Company - (11)  
**Account Status** No Referral To Legal  
**Contract Code Number** N/A

Indicator

+



117

Kayak S  
Temporari



Trailer/ Staging Area



Customer Parking



Second Trailer (when needed)