

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

Wades Beach

***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 NA

Opening date May 23rd

Hours

S	Start <u>7 AM</u>	Finish <u>9 AM</u>
S	Start _____	Finish _____
M	Start _____	Finish _____
T	Start _____	Finish _____
W	Start <u>7AM</u>	Finish <u>9 AM</u>
T	Start _____	Finish _____
F	Start _____	Finish _____

Closing Date: Sept 5

Cleanup date: NA

Parking

Expected number of vehicles intended to use the Town property at any one time 10

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

N/A

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

Expected maximum number of people intended to use the Town property at one time 13

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

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

Cara Moorcroft

Digitally signed by Cara Moorcroft
Date: 2026.02.23 16:15:33 -05'00'

Applicant Signature

2/23/2026

Date



12 maximum yoga mats

PARKING

Wades Beach 114

116

118

Google Maps



CERTIFICATE OF LIABILITY INSURANCE

Acct#: 1405943

DATE (MM/DD/YYYY)
01/08/2026

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).

PRODUCER Lockton Affinity, LLC P. O. Box 879610 Kansas City, MO 64187-9610	CONTACT NAME: Lockton Affinity, LLC
	PHONE (A/C, NO Ext): 800-253-5486
	FAX (A/C, No): 913-652-7599
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Beazley Insurance Company Inc.
	NAIC # 37540
INSURED Cara Moorcroft DBA Hi-Fi Pilates LLC P.O.Box 811 Shelter Island, NY 11964	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER
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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			V15G8U26AM01	01-FEB-2026	01-FEB-2027	EACH OCCURRENCE \$ N/A
	<input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occur						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	<input checked="" type="checkbox"/> Professional Liability						MED EXP (Any one person) \$ 2,000 \$ 50,000 aggregate
							PERSONAL & ADV INJURY \$ Included
							GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ Excluded
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJEC <input type="checkbox"/> LOC						Each Claim \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-						\$
	D RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Fire Legal Liability			V15G8U26AM01	01-FEB-2026	01-FEB-2027	ANY ONE FIRE OR WATER DAMAGE (SUBJECT TO GENERAL AGGREGATE) \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Master Policy Holder: National Professional Purchasing Group Association, Inc. The Insured listed above is a member of the National Professional Purchasing Group Association, Inc. The insurance afforded by the certificate issued to the member named above is subject to all the terms, exclusions, and conditions of the master policy to which it refers. Limits may have been reduced by paid claims and expenses.

CERTIFICATE HOLDER	CANCELLATION
Proof of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1405943	AUTHORIZED REPRESENTATIVE