



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: Between The Forks LLC d/b/a The Islander

Address: 63 North Ferry Road, Shelter Island, NY 11964

Email: betweentheforksllc@gmail.com Cell #: \_\_\_\_\_ Office #: 631-749-1998

Contact Person (if different from applicant): Jose Hugo Trifundio Montoya & Manuel de Jesus Lopez Gonzales

Email: \_\_\_\_\_ Cell #:                      Office #:                     

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

Owner Name: N/A

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

The Islander Food Truck at Crescent Beach

Number of Employees:   2

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

Crescent 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 05/23/2026

Opening date 05/23/2026

**Hours**

S	Start	<u>10:30am</u>	Finish	<u>5:00pm</u>
S	Start	<u>10:30am</u>	Finish	<u>5:00pm</u>
M	Start	<u>10:30am</u>	Finish	<u>5:00pm</u>
T	Start	<u>10:30am</u>	Finish	<u>5:00pm</u>
W	Start	<u>10:30am</u>	Finish	<u>5:00pm</u>
T	Start	<u>10:30am</u>	Finish	<u>5:00pm</u>
F	Start	<u>10:30am</u>	Finish	<u>5:00pm</u>

Closing Date: 09/07/2026

Cleanup date: 09/07/2026

**Parking**

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

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. One Food Truck

Expected maximum number of people intended to use the Town property at one time N/A

Describe the method and manner in which sanitary facilities are to be provided for the disposal of human waste, garbage and other debris. We will provide trash cans which will be set up and removed each day. Trash will be disposed of at the dumpster at The Islander Restaurant at the end of the day.

**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 N/A

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.

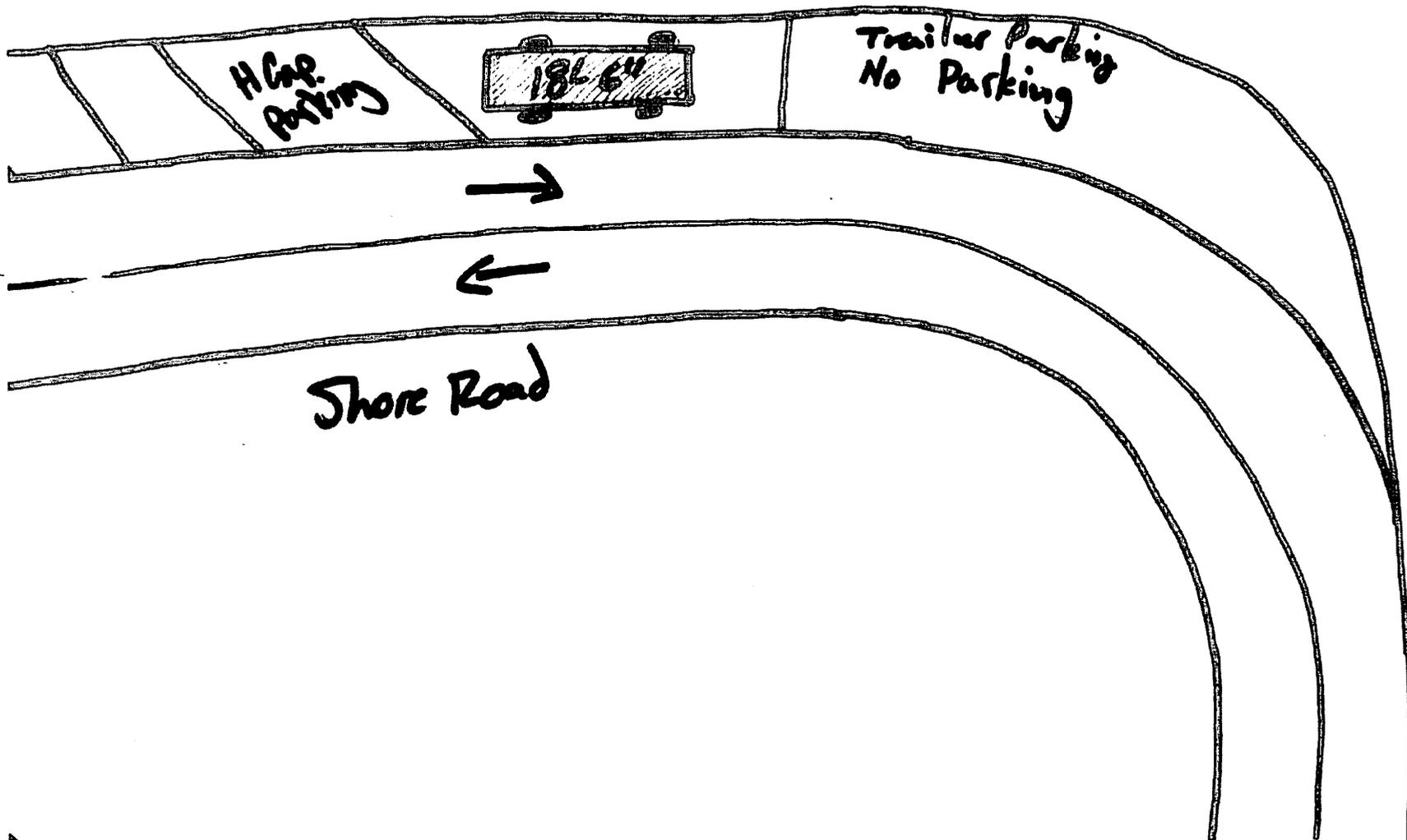
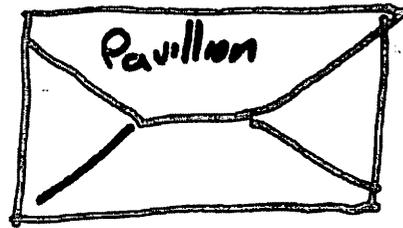
Insurance Certificate Attached  Yes  No



Applicant Signature

2/18/26  
Date

Beach





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/17/2026

**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).**

<b>PRODUCER</b> BUDGET BROKERAGE 1186-A E MAIN ST, RIVERHEAD, NY 11901	<b>CONTACT</b> NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487      FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com														
<b>INSURED</b> Between the forks, LLC DBA: The Islander Po Box 295 Greenport, NY 11944	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Progressive Northwestern Insurance Company</td> <td style="text-align: center;">42919</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Progressive Northwestern Insurance Company	42919	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES      CERTIFICATE NUMBER: 862270992894127375D0021726T192114      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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	978476681	03/08/2026	03/08/2027	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$50,000 BODILY INJURY (Per accident) \$100,000 PROPERTY DAMAGE (Per accident) \$25,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	Y	Y	978476681	03/08/2026	03/08/2027	\$

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

**CERTIFICATE HOLDER**

TOWN OF SHELTER ISLAND  
 FOOD TRUCK LOCATED AT CRESCENT BEACH  
 38 NORTH FERRY RD  
 SHELTER ISLAND, NY 11964

**CANCELLATION**

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

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> BUDGET BROKERAGE		<b>NAMED INSURED</b> Between the forks, LLC DBA: The Islander Po Box 295 Greenport, NY 11944	
<b>POLICY NUMBER</b> 978476681			
<b>CARRIER</b> Progressive Northwestern Insurance Company	<b>NAIC CODE</b> 42919	<b>EFFECTIVE DATE:</b> 03/08/2026	

**ADDITIONAL REMARKS**  
 THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

**Additional Coverages**

Insurance coverage(s)	Limits
Personal Injury Protection	\$50,000 w/o Workers Comp
Uninsured Motorist	\$25,000 each person/\$50,000 each accident
Additional Personal Injury Protection	Full Additional PIP \$100,000
Optional Basic Economic Loss	\$25,000 each person

**Description of Location/Vehicles/Special Items**

Scheduled autos only	
1997 CHEVROLET P30 1GBKP32Y6V3305523	
Medical Payments	\$5,000 each person

**Additional Information**

Blanket Waiver of Subrogation in favor of certificate holder, but only if party to a written waiver agreement executed by the named insured, as required by contract, prior to the occurrence of any loss.  
 Certificate holder is listed as an Additional Insured.

EDWARD P. ROMAINE  
SUFFOLK COUNTY EXECUTIVE



GREGSON H. FIDOTT, MD, MPH  
COMMISSIONER

SUFFOLK COUNTY  
DEPARTMENT OF HEALTH SERVICES

*Gregson H. Fidott, MD, MPH*

Suffolk County Department of Health Services  
360 Yaphank Avenue Suite 2A  
Yaphank, NY 11980  
631-852-5999  
[www.suffolkcountyny.gov/health](http://www.suffolkcountyny.gov/health)

# PERMIT

## TO OPERATE A FOOD ESTABLISHMENT

THE ISLANDER  
63 N FERRY RD  
SHELTER ISLAND, NY 11964  
OWNER NAME: BETWEEN THE FORKS, LLC

Facility ID: FA0012145

Printed: 6/12/2025

Restaurant Seats = 0  
Exterior Seats = 0  
Catering Seats = 0  
Bar Seats = 0  
Total Seats = 0

Permit ID Number: LMP-24-00040

Type 7/8 Limited - Spec Ev/Mobile FF

Valid From 6/9/2025 To 6/30/2027

1GBKP32Y6V3305523

This permit will expire upon the date specified or upon a change of ownership.  
This permit is NOT transferrable and is granted subject to compliance with the provisions of Article 13 of the Suffolk County Sanitary Code and all applicable state, local, and municipal laws, ordinances, codes, rules, and regulations.

**THIS PERMIT MUST BE PROMINENTLY DISPLAYED TO THE PUBLIC**



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							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE