



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
10x10 space: \$350
20x20 space: \$500

Transient use \$50/season
(1 day per week, no more than 2 hours)
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: Mehmet Ceyhan
Address: 1635 Ackerly pond lane Southold NY 11971
Email: [REDACTED] Cell #: [REDACTED] Office #: _____
Contact Person (if different from applicant): J
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

Mister Softee Ice Cream truck -

Number of Employees: 1

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- 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 _____

Hours

S	Start	<u>10 am</u>	Finish	<u>7 pm</u>
S	Start	<u>10 am</u>	Finish	<u>7 pm</u>
M	Start	<u>10 am</u>	Finish	<u>7 pm</u>
T	Start	<u>10 am</u>	Finish	<u>7 pm</u>
W	Start	<u>10 am</u>	Finish	<u>7 pm</u>
T	Start	<u>10 am</u>	Finish	<u>7 pm</u>
F	Start	<u>10 am</u>	Finish	<u>7 pm</u>

Closing Date: September 20
Cleanup date: September 20

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.
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

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

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

Insurance Certificate Attached Yes ___ No



Applicant Signature

02/12/2026
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/12/2026

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 Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : State National Insurance Company, Inc. 12831 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 815483401 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		NXTX4J9JV7-00-GL	09/27/2025	09/27/2026	EACH OCCURRENCE \$1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00						
							MED EXP (Any one person) \$15,000.00
							PERSONAL & ADV INJURY \$1,000,000.00
							GENERAL AGGREGATE \$2,000,000.00
							PRODUCTS - COMP/OP AGG \$2,000,000.00
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CERTIFICATE HOLDER IS AN ADDITIONALLY INSURED
TOWN OF SHELTER ISLAND ICE CREAM TRUCK

CERTIFICATE HOLDER TOWN OF SHELTER ISLAND 36 N Ferry Rd Shelter Island, NY 11964	LIVE CERTIFICATE  Click or scan to view	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 
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EDWARD P. ROMANE
SUFFOLK COUNTY EXECUTIVE



SUFFOLK COUNTY
DEPARTMENT OF HEALTH SERVICES

Edward P. Romane

GREGOR H. PROTT, MD, MPH
COMMISSIONER

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

Facility ID: FA0012046
Printed: 10/9/2025

PERMIT

TO OPERATE A FOOD ESTABLISHMENT

MEHMET CEVHER/MISTER SOFTEE
1635 ACKERYLY POND LN
SOUTHOLD, NY 11971
OWNER NAME: EMME DOGAN, OWNER

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

Permit ID Number: LMP-23-00012

Type 5 Limited - Frozen Dessert Truck

Valid From 9/29/2025 To 9/30/2027

5B4KP42R423352335

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