



**TOWN OF SHELTER ISLAND
38 North Ferry Road
P.O. Box 1549
Shelter Island, New York 11964**

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

Fee: \$250.00 Application Fee
Applications are due by March 31, 2025

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: _____
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 – 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

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

***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 _____	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.

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.

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

Date