

TOWN OF BRISTOL  
OFFICE OF THE HARBORMASTER  
WINTER DOCK PERMIT

SLIP NUMBER \_\_\_\_\_

*This renewal form must be completed and submitted in the Harbormaster's Office at the time of payment  
Payments made in person only.*

**WINTER DOCK PERMIT HOLDER'S INFORMATION:**

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**(This individual should live outside of the dock permit holder's household)

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Vessel Information:**

Vessel Name: \_\_\_\_\_ Document Number \_\_\_\_\_ Length: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Type: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Hull Identification Number: \_\_\_\_\_

Does the vessel have a Marine Sanitation Device? Yes or No

Description of Sanitation Device: \_\_\_\_\_

**COMMERCIAL INFORMATION:**

License Number: \_\_\_\_\_ Commercial Designation for Registration: \_\_\_\_\_

I, the undersigned, understand that false information or violation of the Rules and Regulation could result in the loss of the dock permit. The applicant hereby swears that all information submitted above is true to the best of his or her knowledge.

\_\_\_\_\_  
Print Winter Dock Holder's Name

\_\_\_\_\_  
Winter Dock Permit Holder's Signature

\_\_\_\_\_  
Date

**RATES:** Bristol Residents \$150.00 All others \$250.00

BRISTOL HARBORMASTERS OFFICE  
10 COURT STREET  
BRISTOL, RI 02809  
PHONE: 401-253-1700 FAX: 401-253-1706