



**INCORPORATED VILLAGE OF OCEAN BEACH**

P.O. BOX 457, OCEAN BEACH, NEW YORK 11770-0457  
TEL: (631) 583-5940 FAX: (631) 583-7597

**2010**  
**CART PERMIT APPLICATION**  
**NON-REFUNDABLE**

New Application \_\_\_\_\_ Renewal \_\_\_\_\_ Cart Change \_\_\_\_\_ VOB Permit/Plate No. \_\_\_\_\_ Trailer Plate No. \_\_\_\_\_

<b>PERMIT(s) REQUESTED</b>	<b>FEE</b>
_____ Golf Cart	\$50.00
_____ Temporary Permit FOR DATES: _____	\$50.00
_____ Essential Service Cart Permit	\$100.00
_____ Special Use Cart Permit	\$100.00
_____ Out of Village Courtesy Cart	\$50.00
_____ Trailer Permit	\$50.00
_____ Lost Plate Fee	\$25.00
_____ Cart Change	No Charge

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

FIRE ISLAND ADDRESS: \_\_\_\_\_

FIRE ISLAND COMMUNITY: \_\_\_\_\_

TELEPHONE NUMBER: (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_ (CELL) \_\_\_\_\_

**CART DESCRIPTION**

Year/Make/Model of Cart: \_\_\_\_\_

Color: \_\_\_\_\_ NYS Plate Number: \_\_\_\_\_ Registration Weight: \_\_\_\_\_

_____ Golf Cart	_____ Mule	_____ Trailer
_____ Gas Driven	_____ Electrically Driven	_____ Other

State briefly why it is necessary for you to operate a cart: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that permits granted under this application will be in accordance with current code regulations and that false statements made may subject permit to revocation or suspension.

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ Date

\*\*\*\*\*

\*\* Attach copies of registrations, contractor's license, driver's license and Certificate of Insurance in an amount not less than \$100,000 per person. Golf Carts and Trailers MUST be listed on Certificates of Insurance

\*\* Make checks payable to Inc. Village of Ocean Beach

\*\* Call 583-5866 to arrange for permit pick up at the **POLICE STATION** *no later than December 31, 2009*

**LATE FEES WILL APPLY**

\*\* Regulations Pursuant to Village Code §156: Vehicles and Traffic

***2010 PLATES/STICKERS MUST BE PICKED UP AT THE OCEAN BEACH POLICE STATION***

**ALL APPLICANTS MUST COMPLETE REVERSE SIDE**



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**RESIDENT AND NON-RESIDENT:**

STATE OF NEW YORK )  
COUNTY OF SUFFOLK ) ss:

\_\_\_\_\_, being duly sworn, deposes and states:

1. That he/she makes this affidavit for the purpose of obtaining a winter access permit from the Village of Ocean Beach for operation of a cart in the Village, pursuant to the terms and conditions of Village Code, Chapter 156, Vehicles and Traffic.
2. **RESIDENT VEHICLE:** That he/she swears under the penalties of perjury that he/she is and shall be actually domiciled and physically resides within the Village of Ocean Beach for a period not less than twelve (12) months of the permit year
3. **NON-RESIDENT VEHICLE:** That he/she swears under penalties of perjury that he/she is actually domiciled and physically resides in an area on Fire Island within an area east or west of the Village for a period of not less than twelve (12) months per year.

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Applicant's Signature

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**NON-RESIDENT BUSINESS CART WINTER ACCESS:**  
**(OFF ISLAND CONTRACTORS WHO MAINTAIN A BUSINESS IN OCEAN BEACH)**

STATE OF NEW YORK )  
COUNTY OF SUFFOLK ) ss:

\_\_\_\_\_, being duly sworn, deposes and states:

1. That he/she makes this affidavit for the purpose of obtaining a non-resident business permit from the Village of Ocean Beach for operation of a cart in the Village, pursuant to the terms and conditions of Village Code, Chapter 156, Vehicles and Traffic.
2. **ELECTRICIAN/PLUMBER/OTHER ARTISAN HOLDING COUNTY OR OTHER GOVERNMENTAL LICENSES:** That he/she swears under penalties of perjury that he/she will provide year round service and maintenance pursuant to §156-4 B(1).
3. **GENERAL SERVICE AND BUILDING CONTRACTORS:** That he/she swears under penalties of perjury that he/she will provide services pursuant to §156-4 B (3).

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Applicant's Signature

\*\*\*\*\*  
**\*\*\*FOR OFFICE USE ONLY\*\*\***

Date Application Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
\_\_\_\_\_  
Permit Approved  
Comments or Conditions: \_\_\_\_\_  
\_\_\_\_\_  
Permit Denied  
Comments or Conditions: \_\_\_\_\_

\_\_\_\_\_  
(Mayor/Deputy Mayor Signature) DATE PERMIT NUMBER