CITY OF MARQUETTE
WINTER BOAT STORAGE APPLICATION

Name: _______________________________       Date: _______________
Address: _____________________________________________

Phone: _______________________________  E-mail: ___________________________

Emergency Local Contact: ___________________________    Phone: _______________

Boat Name: ____________________    Boat Insurance: _______________________

Trailer Plate: ____________________    Boat Registration: _____________________

Cradle: __________________________

Winter Storage Rules Only:
• Must have completed application submitted to Parks and Recreation office.
• Application must have signed authorization prior to storage of boat.
• Fees: City of Marquette residents $1.10 per sq ft. Non Residents $1.65 per sq ft. Fees must be paid before or at time of storage of boat (checks payable to City of Marquette).
• Square footage includes full overall length and overall width of the boat and the trailer (if applicable). From the tip of the bow spirit or pulpit to the tip of out drive, motor, swim platform or rudder. City staff will verify measurement for proper fees.
• Boats are to be stored in the designated storage area only.
• Must attach proof of insurance ($100,000.00 for each person injured or killed, not less than $100,000.00 for the injury or death of one or more persons in any one occurrence, and Property damage insurance in the sum of not less than $300,000.00.
• City will issue owner a permit tag which shall be affixed to the cradle or trailer and clearly visible.
• Under no circumstance shall any maintenance be allowed including welding, painting, fabrication or mechanical services.
• Dates of storage: October 1, 2019 – May 15, 2020 – no early/late storage (Any boats stored before or after the designated storage dates shall be subject to daily transient fees.)

I have read and understand and agree to abide by the Winter Storage Rules as set forth on this application.

Signature: ___________________________       Date: _________________________

OFFICE USE ONLY:
Square Footage ______________x 1.10 or $1.65 NR = _______________
Approved ___________________________    Date ___________________________
Comm. Services Representative

Amount Due: _______________    Amount Paid: _______________
Date paid: _______________    Initials: __________________________
Receipt #: ___________________________