

# CITY OF MARQUETTE

## WINTER BOAT STORAGE APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Local Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Boat Name: \_\_\_\_\_ Boat Insurance/Expiration: \_\_\_\_\_

Trailer Plate: \_\_\_\_\_ Boat Registration: \_\_\_\_\_

Cradle Description: \_\_\_\_\_ Total Length: \_\_\_\_\_ Total Width: \_\_\_\_\_

### 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 \$1.50 per sq. ft. Non-Residents \$2.00 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, 2025 – May 15, 2026 –no early/late storage (*Any boats stored before or after the designated storage dates shall be subject to daily fee of \$50.*)**

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 1.50 or \$2.00 NR = \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Comm. Services Representative

Amount Paid: \_\_\_\_\_ Pmt Method: \_\_\_\_\_

Date paid: \_\_\_\_\_ Initials: \_\_\_\_\_

Receipt #: \_\_\_\_\_