



TOWN OF ISLIP DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS
 50 Irish Lane, East Islip, NY 11730 (631) 224-5648

Angie M. Carpenter, Supervisor
 Thomas S. Owens, Commissioner

2017

ATLANTIQUE PERMIT APPLICATION

(Please Print Clearly)

Boat Owner's Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone #: _____ Cell Phone: _____ Email: _____

Boat Registration #: _____ Expiration Date: _____

Boat Size: _____ Type of Motor (circle one): I/O Inboard Outboard Sailboat

Year & Make: _____ Boat Name: _____

Payment Method: Check or Money Order Credit card

Master Card #: _____ Visa Card #: _____

Expiration Date: _____ 3 Digit Security Code: _____ Billing Zip Code: _____

Signature: _____ Date: _____

-FOR OFFICE USE ONLY-

Decal # _____ \$35.00 \$20.00

Proof 1: _____ Proof 2: _____

Proof 3: _____ Proof 4: _____

Senior DOB _____