

INC. VILLAGE OF OYSTER BAY COVE
68 West Main Street – PO Box 66
Oyster Bay, NY 11771
(516)922-1016
deputyclerk@oysterbaycove.net

KAYAK/DINGHY PERMIT APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

MUST CHECK ONE:

KAYAK

☐

DINGHY

☐

Description of Kayak OR Dinghy _____

This application is submitted with the understanding that the applicant will
conform to all ordinances, rules and regulations applicable as prescribed by
The Incorporated Village Oyster Bay Cove

x _____

Signature of applicant

FEE: \$50.00

Kayak/Dinghy No.

Fee Received

Date

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