



Donna Lent, Town Clerk

TC-18 rev. 8/19

Patricia Ryan-Correa, Chief Deputy Town Clerk
One Independence Hill, Farmingville, NY 11738
(631) 451-9101 FAX: 451-9264

Pursuant to Brookhaven Town Code Chapter 83, between April 1 and October 31 of each year, only vehicles with a valid Business Use Permit or Special Use Permit may operate on any wooden public walk within the Town of Brookhaven.

Business Use Permit: Only vehicles used for business purposes are eligible for business use permit. Completed applications for a business use permit must be submitted with copies of the following:

- Proof of business (e.g. Corporate Documentation, Business Certificate, Professional License, etc.)
- Proof of ongoing work on Fire Island (e.g. Contracts/Quotes/Invoices evidencing current and future work on Fire Island)
- Valid driver license(s) of vehicle operator(s)
- Valid vehicle registration (if applicable). The vehicle must be registered in the name of the business.
- Insurance Certificate. The insurance policy must be issued to the business. Please see additional insurance requirements below.
- If applying for multiple permits, the applicant must submit a notarized statement on letterhead identifying the business need for each permit and the names of all vehicle operators with copies of their driver licenses.

Special Use Permit: Only bona fide chartered homeowners' associations operating electrically powered golf or similar type carts used solely for the transport of persons with special needs due to a disability are eligible for a special use permit. Completed applications for special use permit must be submitted with copies of the following:

- Valid driver license of vehicle operator
- Valid vehicle registration (if applicable)
- Insurance Certificate. The insurance policy must be issued to the association. Please see additional insurance requirements below.
- Notarized statement on letterhead from the homeowner's association confirming the sole use of the vehicle will be for the transport of persons with special needs due to a disability.

Insurance Requirements: Insurance certificate showing one million dollars (\$1,000,000) combined single-limit bodily injury and property damage and five thousand dollars (\$5,000) medical-payment liability insurance for such vehicle showing Town of Brookhaven as certificate holder. The certificate must include the vehicle identification number (VIN #). The business or homeowners' association making application must be listed as insured on the certificate.

Fee: \$100.00 Check or Money Order must be made payable to: Donna Lent, Brookhaven Town Clerk



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For Office Use Only
Permit #:
Receipt #:

1. NAME OF APPLICANT (BUSINESS):	
2. PHYSICAL ADDRESS:	
3. MAILING ADDRESS:	
4. EMAIL ADDRESS:	
5. DAYTIME TELEPHONE NUMBER:	6. EVENING TELEPHONE NUMBER:
7. NAME OF AGENT:	
8. NATURE OF BUSINESS:	
VEHICLE INFORMATION	
9. WEIGHT: (LIMIT - 1800 LBS)	10. WIDTH: (NOT TO EXCEED 4 FEET OR 48 INCHES)
11. RUBBER WHEELS: <input type="checkbox"/> Yes <input type="checkbox"/> No	12. MUFFLER: <input type="checkbox"/> Yes <input type="checkbox"/> No
13. VEHICLE TYPE:	14. COLOR:
15. NUMBER OF WHEELS:	16. VEHICLE I.D #:
17. REGISTRATION OR PLATE NUMBER: (IF REGISTERED WITH NYS DMV)	18. EXPIRATION DATE:
<u>Insurance:</u> A certificate of insurance in the name of the business must be submitted with application. See instructions on reverse for detailed insurance requirements.	
19. NAME AND ADDRESS OF INSURER:	
20. POLICY LIMITS:	
21. EFFECTIVE DATE:	
22. OPERATOR OF VEHICLE:	23. NYS DRIVER LICENSE NUMBER:
24. DO YOU HAVE ANY OTHER WOODEN PUBLIC WALKS PERMITS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, LIST THEM: _____ _____	



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25. HAS ANY WOODEN PUBLIC WALKS PERMIT EVER ISSUED TO YOU BEEN REVOKED FOR ANY REASON:

[] Yes

[] No

26. IF YES, BRIEFLY EXPLAIN:

I do hereby certify that all statements made by me in this application are true and correct to the best of my knowledge, information and belief, further, I understand that in the event that I have knowingly and willfully made any false statements, I will be liable for punishment in accordance with all applicable laws and statutes.

SIGNATURE

APPLICANT'S NAME

TITLE

Acknowledgement of Corporation

STATE OF)
COUNTY OF) SS.:

On the _____ day of _____ in the year 20__ before me personally came

_____ to me known, who, being by me duly sworn, did depose and

say that he/she/they reside(s) in _____ (if the place of residence is in a city, include the street and street number, if any, thereof); that he/she/they is

(are) the _____ (president or other officer or director or attorney in fact

duly appointed) of the _____ (name of corporation), the corporation described in and which executed the above instrument; and that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said corporation.

Notary Public



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SAFETY AFFIDAVIT FOR WOODEN WALKS PERMIT

Make _____ VIN# _____

I, the undersigned, do swear, under penalty of perjury, that the cart, hand truck, wagon, vehicle, bicycle, or conveyance of any kind has been maintained according to the manufacturer's recommendations. I further certify that the said vehicle's safety features, including but not limited to, its brakes and steering system are in proper working order.

Signature of applicant

Acknowledgement of Corporation

STATE OF)
COUNTY OF) SS.:

On the _____ day of _____ in the year 20__ before me personally came _____ to me known, who, being by me duly sworn, did depose and

say that he/she/they reside(s) in _____ (if the place of residence is in a city, include the street and street number, if any, thereof); that he/she/they is

(are) the _____ (president or other officer or director or attorney in fact

duly appointed) of the _____ (name of corporation), the corporation described in and which executed the above instrument; and that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said corporation.

Notary Public