

# 2010 SEASONAL DOCK LICENSE AGREEMENT

Please Print  
Must be filled out completely and signed  
(Subject to conditions attached)

**LICENSEE'S NAME** \_\_\_\_\_  
PRINT Last First Middle

## BILLING ADDRESS

\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, State, Zip Code)  
\_\_\_\_\_  
(Business phone with area code)  
\_\_\_\_\_  
(Residence phone with area code)  
\_\_\_\_\_  
(Boat phone) (Cell phone)  
\_\_\_\_\_  
(Fax Number)

Spouse's Name \_\_\_\_\_

List all Children \_\_\_\_\_

E-mail address \_\_\_\_\_  
(Required)

**\*\*A CERTIFICATE OF INSURANCE FILED IN THIS OFFICE IS MANDATORY PRIOR TO LAUNCHING\*\***

THE MAXIMUM ALLOWABLE BEAM OF ANY BOAT LICENSED IN THE ABBEY MARINA WILL NOT EXCEED 14 FEET.  
THIS LICENSE AGREEMENT IS APPLICABLE ONLY FOR THE BOAT DESCRIBED BELOW.

NAME OF LICENSED BOAT \_\_\_\_\_ MAKE \_\_\_\_\_ LENGTH \_\_\_\_\_ BEAM \_\_\_\_\_ YEAR MFG \_\_\_\_\_

WISC. AND/OR FED. REGISTRATION NUMBERS \_\_\_\_\_ NAME INSURANCE CARRIER \_\_\_\_\_

BOAT COMPANY TO CALL IN CASE OF EMERGENCY \_\_\_\_\_  
(The Abbey Marina assumes no responsibility of any kind whatsoever)

**THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THE LICENSE CONDITIONS AS THEY APPEAR ON THE ATTACHMENTS TO THIS AGREEMENT, AND BY SIGNING ACKNOWLEDGES RECEIPT OF ALL ATTACHMENTS.**

Note: It is the responsibility of the Licensee to provide The Abbey Marina with current information.

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

LICENSOR:  
ABBEY MARINA  
BY:

Harbormaster \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**  
All Correspondence and Checks Payable to:

**THE ABBEY MARINA  
P.O. BOX 77  
FONTANA, WI 53125**

## FOR OFFICE USE ONLY

### Seasonal Rental

DOCK NUMBER \_\_\_\_\_

DOCK LICENSE FEE \_\_\_\_\_

DEPOSIT PAID \_\_\_\_\_

BALANCE \_\_\_\_\_

Deposit Due November 1, 2009  
Balance Due March, 1, 2010

Includes Wisconsin and County Sales Tax 5.5%

**NON-REFUNDABLE DEPOSIT**