



BEVERLY HARBOR MANAGEMENT AUTHORITY

Application for Dockage and/or Waiting List at Beverly Harbor Center

No. _____

Date _____

Vessel Name _____

Type of Dockage Required – Commercial/Recreational _____ Summer ___ Winter ___ Liveaboard ___

Name _____

Address _____

City/Town _____ State _____ Zip _____

Phone No.: - Work _____ Home _____ Emergency _____

Vessel Owner Name _____

Vessel Owner Address _____

City/Town _____ State _____ Zip _____

Vessel Owner Phone _____

Vessel Reg. No. _____ Documentation No. _____

Vessel Manufacturer _____ Year Built _____

Model _____

Vessel Composition – Wood _____ Fiberglas _____ Steel _____ Aluminum _____ Other _____

Vessel Length _____ Vessel Beam _____

Vessel Shorepower requirements 110V _____ amp. 220V _____ amp.

Vessel Insurance _____ Type _____ Amount _____

Present Location of Vessel _____

Address _____

City/Town _____ State _____ Zip _____

Contact Person: _____

Pets: Dog _____ Cat _____ Other _____