

CITY OF OSHKOSH  
DEPARTMENT OF PARKS  
805 WITZEL AVE  
OSHKOSH, WISCONSIN 54902  
(920) 236-5080 PHONE

Miller's Bay

PERMIT # \_\_\_\_\_

## 2024 APPLICATION

Sailboat Mooring \_\_\_\_\_  
On-Land Storage \_\_\_\_\_

Catamaran Dock \_\_\_\_\_  
Kayak/Canoe \_\_\_\_\_

Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone-Cell \_\_\_\_\_ Telephone-Home/Work \_\_\_\_\_ Email Address \_\_\_\_\_

Make of Boat \_\_\_\_\_ Color \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

DNR Registration Number (over 12' in length) *if applicable* \_\_\_\_\_ Expiration Date \_\_\_\_\_

Hull Number/Serial Number *if applicable* \_\_\_\_\_

**Insurance Information:** *(only required for sailboats)*

Name of Insurance Carrier \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Address of Insurance Carrier \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_

The undersigned hereby affirms that the above information is true and correct and he/she has read, understands, and will abide by the regulations previously provided, and will abide by and conform to all ordinances of the City of Oshkosh.

\_\_\_\_\_  
Signature of Applicant

Facility # Assigned: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Sticker # Assigned:

Fee Paid: \_\_\_\_\_

Boat \_\_\_\_\_

Trailer \_\_\_\_\_

Dinghy/Kayak/Canoe \_\_\_\_\_

OSHKOSH PARKS DEPARTMENT

APPROVAL BY: \_\_\_\_\_