



**Town of Southampton**  
18 Jackson Avenue  
Hampton Bays, NY 11946  
**DIVISION OF FIRE PREVENTION**  
Telephone 631-702-2919  
Fax 631-728-3688

**John J. Rankin**  
Chief Fire Marshal

**20\_\_ ANNUAL OPERATIONAL PERMIT APPLICATION  
MARINE FUELING OPERATIONS**

I, \_\_\_\_\_ as owner of \_\_\_\_\_  
(Please Print business name)  
located at \_\_\_\_\_,  
(Please print business address)

hereby state that all the information is correct and current for Marine Fueling Operations.

Fee for Marine Fueling Operations is \$300.00.

**\*\*\* All annual operating permits shall be subject to a late fee \$50.00 for any permit that is not renewed within thirty days of its date of expiration. \*\*\***

**(Please Fill In All Information)**

**Business Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Business E-mail Address:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Emergency Contact Persons Phone Number:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_

Please attach a following:

- Current copy of the Vehicle Registration that will be used during fueling
- Current Certificate of Liability Insurance naming the Town of Southampton

\*\*\*\* OFFICE USE ONLY \*\*\*\*

**Tax Map #** \_\_\_\_\_

**Check/Cash** \_\_\_\_\_ **Late Fee** \_\_\_\_\_

**Receipt#** \_\_\_\_\_ **Chief Fire Marshal** \_\_\_\_\_ **Date** \_\_\_\_\_

**Permit#** \_\_\_\_\_ **( ) Approved ( ) Denied/Reason** \_\_\_\_\_

- Current copy of the Vehicle Registration that will be used during fueling
- Current Certificate of Liability Insurance naming the Town of Southampton
- Inspection of Vehicle prior to issuing Permit