

NON-MOTORIZED VESSEL APPLICATION

Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Fire Number and Road Name (*Island physical address*):

Description of the Non-Motorized Vessel (such as size, color, type of vessel, manufacturer, model number and any identifying serial number or registration number, if there is one.):

Bottom portion to be filled out by Town of La Pointe

Rack / Identification Number: _____
(*Sticker to be affixed to the exterior bow above the ordinary water line*)

Sticker will be valid from _____ to _____
Start Date _____ End Date _____

Amount Paid: _____ Received by: _____
(According to Town Fee Schedule)

Date: _____

New Application: \$150.00
Renewal: \$50.00 per year

Form Updated 12/22/2025