Hi Seas Marina

1711 Harbor Road Oconto, WI 54153 www.hiseasmarina.com Phone: (920) 834-2565 Fax: (920) 834-2784 hiseas@hiseasmarina.com

DOCKAGE APPLICATION & DOCKAGE LICENSE AGREEMENT

OWNER'S NAME:	BOAT MAKE:
ADDRESS:	BOAT NAME:
CITY, STATE, ZIP:	LOA:
TELEPHONE :	BEAM:
EMAIL:	DRAFT:
REGISTRATION #:	RATE:

TERMS AND CONDITIONS

- 1. A \$200 deposit is required to reserve dockage for a dockage season, when dockage becomes available, which seasons run from May 1st to October 31^{st,}
- 2. This Agreement must be in effect prior to docking.
- 3. This Agreement is not transferable or assignable in any way without the express written consent of the marina.
- 4. The marina reserves the right, at its sole discretion, to reassign, move, or transfer the vessel from slip to slip.
- 5. The marina may terminate this Agreement for any reason (with or without cause) upon written notice to the boat owner. Unused dockage fees will be returned to the tenant on a prorated basis.
- 6. The marina reserves the right to rent the slip as transient dockage whenever vacant.
- 7. Boat owner must maintain adequate marine insurance on all docked boats and shall provide to the marina a copy of the insurance declaration page for each docked boat.
- 8. The Marina reserves the right to take such actions as are necessary, at the owner's expense, to secure docked boats and maintain safe conditions within the Marina.
- 9. Damage caused to other boats or to Marina property by boats on the marina premises shall be the responsibility of the owner of the boat causing the damage.
- 10. Docking includes electricity. Docked boats with extraordinary use of electric power, including but not limited to boats with air conditioning, shall be subject to a surcharge.
- 11. The boat owner hereby acknowledges that he has read and fully understands this Agreement and the Marina Rules and Regulations provided at the time of this Agreement. The boat owner agrees to adhere to all Marina Rules and Regulations.

Signature of Owner

Slip Location Request:

Slip Assignment:

Insurance Information Received:

Date: