

TOWN OF THREE LAKES

LONE STONE LAKE



2023 APPLICATION

WATERCRAFT SLIP ON PUBLIC PIER

Application is for:

\_\_\_\_\_ One watercraft slip space on public pier (If pontoon/boat is longer than 22' it will require 2 spaces)

\_\_\_\_\_ Additional watercraft slip space on public pier **Proof of Liability Insurance on watercraft must be attached**

**FEES: Seasonal space-\$600.00 Fees include sales tax; administration fee and is subject to change**

Name of Applicant \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST MIDDLE LAST MO/DD/YYYY

Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Make of Vessel/Watercraft #1 \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

#1 DNR Registration No. \_\_\_\_\_

#1 Insurance expiration date: \_\_\_\_\_ **Proof of Liability Insurance on watercraft must be attached**

**Second Vessel/Watercraft must be owned and registered by the same individual as listed as the applicant above**

Make of Vessel/Watercraft #2 \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

#2 DNR Registration No. \_\_\_\_\_

#2 Insurance expiration date: \_\_\_\_\_ **Proof of Liability Insurance on watercraft must be attached**

**I understand my application must be received in the Town Office by March 3, 2023; I understand all questions and information must be filled out in full to validate my application; I understand my application must be accompanied by current proof of liability insurance (in my name), proof of boat registration (in my name), appropriate fee(s); and I understand I must contact the Town Office to update insurance information held on file when it renews/changes.**

Signed \_\_\_\_\_

Please return the original application, appropriate insurance paperwork and a certified check, money order, or personal check for \$600.00 payable to/mail to: Town of Three Lakes, PO Box 565, Three Lakes, WI 54562. Retain a copy for your own records. If paying by personal check, your check needs to clear the bank before we proceed with assigning a slip.

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Office Use Only:

Special Request for slip space? 1 2 3 4 5 6 7 8 9 10

Selected Yes / No      Staff Initials: \_\_\_\_\_

Application# \_\_\_\_\_ Lottery Selection # \_\_\_\_\_ Calendar Year 2023