



ANTIOCH MARINA SLIP APPLICATION

This confidential application is for informational purposes only
and creates no contractual obligation whatsoever.

SLIP # _____

LAST NAME (please print)			FIRST		MIDDLE	DRIVER'S LICENSE NUMBER	
HOME ADDRESS			CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER	
BILLING ADDRESS				DATE OF BIRTH	EMERGENCY PHONE #	HOME PHONE (include Area Code)	
PREVIOUS HOME ADDRESS				YEARS AT PRESENT ADD.	OWN HOME RENT	CELL PHONE #	
VESSEL NAME				REGISTRATION OR DOCUMENT NO. (Furnish copy)		2 ND CELL PHONE #	
TYPE OF VESSEL CRUISER, SAIL, HOUSEBOAT, ETC.				MAKE & MODEL			
LENGTH NORMAL L. O. A.				MAX. LENGTH INCLUDING BOW PLANK, ETC.			
BEAM	DRAFT	BUILDER			HULL NO.		
YEAR BUILT		TYPE OF FUEL, GAS, DIESEL	MOTOR TYPE: INBOARD, I/O, OUTBOARD		SINGLE/TWIN		
LEGAL OWNER		CITY	STATE	ZIP CODE	SAILING OR YACHTING AFFILIATION (YACHT CLUB, POWER SQUADRON, U.S.C.G. AUX, ETC.)		
REGISTERED OWNER		CITY	STATE	ZIP CODE			
INSURANCE CARRIER		AGENT		POLICY #			
VESSEL NOW MOORED AT:							
EFFECTIVE DATE OF PERMIT IF APPLICATION IS APPROVED:			E-MAIL ADDRESS:				
EMPLOYER'S NAME						BUSINESS PHONE (include Area Code)	
BUSINESS ADDRESS			CITY	STATE	ZIP CODE	NATURE OF BUSINESS	
YEARS WITH COMPANY	PRESENT POSITION:					ANNUAL EARNINGS: \$	
SOURCE AND AMOUNT OF OTHER INCOME:				\$		\$	
PREVIOUS EMPLOYER (if employed less than three years)				YEARS WITH PREVIOUS EMPLOYER:			
BUSINESS ADDRESS			CITY	STATE	ZIP CODE		
SPOUSE'S NAME				SOCIAL SECURITY NUMBER			
SPOUSE'S EMPLOYER				PHONE (include Area Code)			
BUSINESS ADDRESS			CITY	STATE	ZIP CODE		

BANKS:	CITY:	STATE:	TYPE ACCOUNT:
CREDIT REFERENCES: 1.	CITY:	STATE:	TYPE ACCOUNT:
2			
3.			
4.			

SPECIAL REQUIREMENTS OR COMMENTS

PLEASE BE SURE TO HAVE COMPLETED ALL REQUIRED INFORMATION ON THE APPLICATION. IF ALL NECESSARY INFORMATION IS MISSING IT COULD DELAY THE APPLICATION PROCESS. PLEASE BE SURE TO SUBMIT CURRENT DMV OR DOCUMENTATION, INSURANCE INFORMATION WITH A MINIMUM AMOUNT OF \$300,000 WITH YOUR COMPLETED APPLICATION.

THE UNDERSIGNED AUTHORIZES THE CITY OF ANTIOCH TO OBTAIN INFORMATION FROM CURRENT AND FORMER EMPLOYERS AND OTHERS, AND THE UNDERSIGNED RELEASES ALL CONCERNED FROM ANY LIABILITY IN CONNECTION THEREWITH

SIGNATURE

DATE

SIGNATURE

DATE

MAIL TO:

**ANTIOCH MARINA
#5 MARINA PLAZA
ANTIOCH, CA 94509-7905**

(925) 779-6957
(925) 779-6854 FAX
antiochmarina@ci.antioch.ca.us

FOR OFFICE USE ONLY

PARTNERS/ASSOCIATES/FAMILY (to be allowed access)

WAITING LISTS:

Covered: 50' _____ 40' _____ 36' _____ 32' _____ End Tie _____

Windward/Closer to gate/Other _____

Dock Box _____

DATE

CREDIT APPROVED BY:

ANTIOCH MARINA