



2303 Shelter Island Drive
San Diego, CA 92106

619-224-3401 Office
619-398-9404 Fax
marina@halfmooninn.com

Dear Applicant,

Thank you for contacting us regarding a slip. Before we can consider you and your vessel for a slip, we need the attached application completed and returned to us. Slip assignments are made based on the needs of the marina and the available vessels who have applied for a slip. We do not guarantee a slip assignment.

Please Note: we only accept recreational vessels for private use. Vessels used for commercial purposes (charters, BnBs, etc) are not allowed and tenants will be terminated immediately if they are found to be using them for any commercial purpose.

Please fill out all blank sections of the application and return to the marina office with a copy of the following documents:

- Current DMV registration or current Coast Guard documentation
- Current hull liability insurance policy
- Recent color photo of the vessel (broadside view is best)
- Last survey completed. If your vessel is over 20 years old or has a wood hull, we require a vessel survey dated no later than one year in addition to the above items. We require this to maintain a safe marina environment for all tenants and their vessels. If you do not have a recent survey, let me know and I can give you contact numbers for local surveyors.

All items must accompany your application, as ***incomplete applications will not be added to our wait list (or be considered for a slip assignment)***.

We appreciate your interest in our marina and hope to work with you in the near future. My contact info is above if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Oliver".

Brad Oliver
Marina Manager

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Half Moon Marina Application

DESIRED MOVE-IN DATE: ___/___/___

PERSONAL INFORMATION

REGISTERED/ DOCUMENTED OWNER(S): _____

PARTNER NAME (if applicable): _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ BUSINESS PHONE: () _____

CELLULAR PHONE: () _____ EMAIL: _____

LEGAL OWNER/ LENDER INFORMATION

NAME (individual, bank, finance co.): _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

REFERENCE AGENT/ LOAN #: _____ PHONE: () _____

IF VESSEL IS CORPORATELY OWNED: State of Incorporation _____ Date _____

YACHT INFORMATION

NAME OF VESSEL: _____

MAKE/BUILDER: _____ TYPE: POWER _____ SAIL _____ YEAR BUILT: _____

LENGTH OVERALL: _____ BEAM: _____ DRAFT: _____ ENGINE: Gas _____ Diesel _____

HOLDING TANK _____

DO YOU HAVE NON-TOXIC BOTTOM PAINT? Yes _____ No _____

REGISTRATION OR DOCUMENTATION NUMBER: _____

HULL: Wood _____ Fiberglass _____ Steel _____ Color _____

REQUEST LIVE-ABOARD? Yes _____ No _____ # of people _____ Pets _____

PRESENT LOCATION OF VESSEL: Marina _____ Location _____

CONTACT NAME: _____ PHONE: () _____

DO YOU PLAN TO CHARTER THE VESSEL? Yes _____ No _____

ARE YOU CAPABLE OF HANDLING THIS VESSEL IN THE MARINA IN A SAFE MANNER? Yes _____ No _____

If no, please explain here _____

WHERE DID YOU HEAR ABOUT US? _____

INSURANCE INFORMATION

COMPANY: _____ AGENT/ AGENCY: _____

PHONE NUMBER: () _____ POLICY NUMBER: _____

AMOUNT OF LIABILITY (minimum \$500,000 required): _____ EXP. DATE: _____

UTILITY REQUIREMENTS

ELECTRICAL VOLTAGE: _____ AMPS: _____

THIS APPLICATION MUST BE ACCOMPANIED BY:

1. A copy of current registration or documentation. If you recently purchased the boat, a copy of the bill of sale is required and the registration or documentation copy is to be provided within 30 days.
2. Proof of insurance is required with \$500,000 worth of protection and indemnity coverage. Upon rental of slip, Half Moon Marina shall be listed as additionally insured.
3. A recent dated picture of your boat, preferably a broadside view.
4. If you have a non-toxic bottom paint, please provide written documentation from the boat yard that applied the paint.

I/ WE, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND AGREE THAT ANY MISREPRESENTATION OR FALSIFICATION SHALL JUSTIFY REJECTION OF THIS APPLICATION. I/WE, HEREBY AUTHROIZE SHELTER ISLAND MARINA OR ITS AGENTS TO VERIFY THE ABOVE INFORMATION AND TO OBTAIN A CONSUMER AND/OR INVESTIGATE CREDIT REPORT. PLEASE INFORM THE MARINA OF ANY CHANGE OF APPLICATION.

APPLICANT (S) SIGNATURE

1. SIGNED _____ DATE _____
2. SIGNED _____ DATE _____

Thank you for applying at Half Moon Marina
fax: 619-398-9404 - email: marina@halfmooninn.com