



Town of Greenwich  
Department of Health  
Division of Environmental Services  
(203) 987-1001  
[www.greenwichct.org](http://www.greenwichct.org)

**MARINE DOCK APPLICATION**

Fee: \$ \_\_\_\_\_

Name of Marine Dock: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

email: \_\_\_\_\_ Fax: \_\_\_\_\_

Operator: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Owner (if different from Operator): \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, the undersigned, hereby make application for a license to operate a marine dock in the Town of Greenwich. If granted, I agree to give the Department of Health permission to inspect this marine dock as often as desired by the Director of Health. I also agree to abide by all provisions of State and Local laws and regulations regarding marine docks.

I understand that if food or beverage is prepared or on the premises that an appropriate license will be obtained.

\_\_\_\_\_  
Name of Applicant (Please Print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant