

Office use only

License No. _____

Recreation Department

Mail to:
221 East Clark St.
Albert Lea, MN 56007

Drop off:
701 Lake Chapeau Dr.
Albert Lea, MN 56007

507-377-4370

**DOCK PERMIT APPLICATION**

Applications must be submitted to the Recreation Office no later than the close of the business day on the date listed below. Information provided on this application is classified as public information.

| APPLICANT INFORMATION | | | |
|--|--------------------------------|--|--------------------------|
| APPLICANT'S FULL LEGAL NAME: | | | |
| PRIMARY ADDRESS: | CITY: | STATE: | ZIP: |
| HOME PHONE NUMBER: | CELL PHONE NUMBER: | | |
| WORK PHONE NUMBER: | E-MAIL ADDRESS: | | |
| PLEASE CHECK THE CATEGORY IN WHICH YOU ARE APPLYING FOR | | | |
| <input type="checkbox"/> Riparian Property Owner Dock Renewal – March 2nd - March 31st <input type="checkbox"/> Community Dock Renewal – March 2nd - March 31st <input type="checkbox"/> Open Application – April 10th - October 15th | | | |
| DOCK NUMBER IN WHICH YOU ARE APPLYING FOR: | | <input type="checkbox"/> Resident (\$185) <input type="checkbox"/> Non-Resident (\$235) | |
| <p>Be advised that riparian property owners have the right of first refusal until March 31st. If you are a renter of a riparian dock space and are not the property owner, there is a risk of being displaced each season.</p> <p>*Please note: The permittee shall be responsible for the removal from the lake, the lakeshore, the public property or the property under the public control any dock, buoy, structure or other obstruction upon the termination of his annual permit on October 15th of each year or upon the revocation of his permit.</p> | | | |
| INSURANCE REQUIREMENTS | | | |
| <p>The dock permittee must provide proof of liability coverage for the dock. A minimum of \$1,000,000 of liability coverage is required. Your policy must specifically list the address of your dock (dock number). Proof of coverage must be provided to the Recreation Office showing coverage for the entire boating season (April 1st – October 15th). In some cases depending on your insurance company, this coverage is provided under your homeowner/renter policy and requires you to add the dock as an additional location. Notify your insurance agent that as a dock permittee, you are considered an owner of that dock. It is your responsibility to maintain this coverage and not allow it to lapse.</p> | | | |
| <input type="checkbox"/> Yes I have read and understand the Article II. Docks Ordinance <input type="checkbox"/> No | | | |
| APPLICANT: Please read the Release of Liability Agreement and sign below | | | |
| <p>Please be advised of the following: Except for any willful misrepresentation or willful or wanton misconduct or any negligent act or omission of the City or the governing body members, officers and employees thereof ("Indemnified Parties"), Renter releases from and covenants and agrees that the Indemnified Parties shall not be liable for, and agrees to indemnify, defend and hold harmless the Indemnified Parties for damages that arise out of the negligent acts, errors and omissions of the Renter or its employees or agents, provided that the indemnity shall not apply to the extent such loss or damage is caused by the City. The Indemnified Parties shall not be liable for any damage or injury to the persons or property of the permittee, or its servants or employees or any other person who may assist with the services, to the extent such damage or injury is due to any act or negligence of any person other than any act or negligence on the part of any Indemnified Parties or its officers, agents or its employees.</p> | | | |
| APPLICANT'S SIGNATURE: | | DATE SIGNED: | |
| Do not write below this line. For office use only. | | | |
| Date: | Payment: Cash / Check / Credit | | Dock Permit Approved By: |