



SAINT ANDREWS MARKET WHARF

Wharf Access Permit Application
2025 Pleasure Boat

Office Use Only

Permit #

25 -

(Please PRINT / TYPE in BLOCK LETTERS)

Resident: _____ Non-Resident: _____

APPLICANT: _____ Email: _____

TELEPHONE: HOME (____) _____ MOBILE #: (____) _____

ADDRESS: _____

VESSEL: L.O.A: _____ BEAM: _____ DRAFT: _____

PORT OF REGISTRY: _____

REGISTRY LICENCE NUMBER: _____

NAME OF VESSEL: _____

TYPE OF VESSEL: _____

REGISTERED OWNER OF VESSEL: _____

REGISTERED OWNER'S ADDRESS: _____

REGISTERED OWNER TELEPHONE #: (____) _____ MOBILE#: (____) _____

CONDITIONS OF LICENCE for Pleasure

Boats: The operator hereby agrees to :

1. Honour the "No Wake" zone within 300ft of the wharf and breakwater.
2. Immediately inform the Wharfinger, in writing, of any changes to details submitted via this application during the course of the operating season for which a permit has been issued.
3. Comply fully with **By-Law No. 20-03 A BY-LAW OF THE TOWN OF SAINT ANDREWS RESPECTING MARKET WHARF** (www.townofsaintandrews.ca)

I have read and understood this application form and agree that I and all crew/passengers will comply with the terms and conditions as set forth herein and will abide by the By-Law No. 20-03 A BY-LAW OF THE TOWN OF SAINT ANDREWS RESPECTING MARKET WHARF.

OWNER'S SIGNATURE: _____ DATE: DD / MM / 2025