



# MARINE ACTIVITIES PERMIT RENEWAL APPLICATION

## HARBOR DEPARTMENT

1600 W. Balboa Blvd., Newport Beach, CA 92663

949-270-8159

### Applicant Information

Business Name:

Applicant Name:

Applicant Email:

Phone Number:

Alternate Contact Name:

Alternate Contact Email:

Phone Number:

Business Office Address:

Business Mailing Address:

Business Phone Number(s):

Newport Beach Business License Number:

Newport Beach Business License Expiration Date:

Business Insurance Expiration Date:

Marina/Property Manager Name(s), Email(s) & Telephone Number(s):

## **Certifications/Permits**

Please provide a copy of your business insurance and parking agreement.

In addition, if your business is required to have any of the following certifications/permits, please submit a copy of the certification/permit with your application:

- USCG Certificate of Documentation
- USCG Certificate of Inspection
- USCG Motorboat Operator's License
- State of California - DMV Registration
- State of California – For-Hire Vessel Operator's License
- State of California - Alcoholic Beverage Control License
- State of California - General Engineering Contractor's License
- County of Orange - Certified Food Protection Certificate
- County of Orange – Registered Liquid Waste Hauler

## **Standard Conditions**

The standard conditions of a Marine Activities Permit may be found [here](#).

## **Submission and Signature**

By submitting this application, I certify that I have read all the standard conditions of the Marine Activities Permit and that my business will abide by all the rules set forth by the local, state and federal law. I declare under penalty of perjury that all the information provided on this application, in addition to any attachments, is true and correct.

Name:

Signature:

Date: