Applications are to be returned to:
Licensing Team
Public Protection
Civic Offices
Holton Road
Barry
Vale of Glamorgan
CF63 4RU
Tel: 01446709105

## Application for Grant $\square$ or Renewal $\square$ of a Boat Licence Public Health Acts Amendment Act 1907 (c.53)

## 1. Applicant details.

| Mr $\square$ Mrs $\square$ Miss $\square$ Other |  |
| :--- | :--- |
| Full name |  |
| House no and Street |  |
| District |  |
| Postcode |  |
| Telephone number |  |

## 2. Boat details.

| Name of boat |  |
| :--- | :--- |
| Type of boat |  |
| Length |  |
| Beam |  |
| Keel |  |
| Draft |  |
| Date of construction |  |
| Displacement | $\square$ Petrol $\square$ Diesel |
| Colour |  |
| Engine type |  |
| Has a licence previously been issued for this boat? <br> $\square$ <br> Yes No <br> If yes please give previous issuing authority, licence number and expiry date: |  |

## 3. Passengers and crew

Number of passengers
Number of crew

## 4. Category of boat

(please tick as appropriate. If other please provide details) $\square$ Ferry boat $\quad \square$ Hire boat $\square$ Inland pleasure boat $\quad \square$ Other
5. Address where boat will be let out for hire / or used for carrying passengers

Name/number street

| District |  |
| :--- | :--- |
| Postcode |  |
| Other |  |

## Declaration

I, the UNDERSIGNED, being the owner of the above-mentioned pleasure boat(s), hereby make application for the same to be licensed.

I HEREBY DECLARE that to the best of my knowledge and belief each of the said boats, together with the equipment thereof, is sound and stable in all respects, and is a fit and proper boat for use on the sea as a motor pleasure boat.

AND I HEREBY UNDERTAKE that I will keep each such boat and its equipment in a proper state of efficiency during the whole time that it plies or is in use for hire.

AND FURTHER that if the Council shall by notice in writing addressed to me, signify its intention to revoke the licence of any boat, such licence shall from and after the date specified in the notice cease to be of any effect.

| Signed |  |
| :--- | :--- |
| Print name |  |
| Date |  |

