

CITY OF SEA ISLE CITY  
POLICE DEPARTMENT  
233 John F. Kennedy Boulevard  
Sea Isle City, NJ 08243  
(609) 263-4311 Records Department  
www.seaislecitynj.us

Permit# \_\_\_\_\_

PERMITS AVAILABLE FOR SALE AT THE POLICE RECORDS DEPARTMENT  
**PERMITS ARE NOT AVAILABLE UNTIL AUGUST 23, 2017**

*4 X 4 Motor Vehicle on Beach Permit Application*

**\*\*\*Valid from September 15<sup>th</sup>, 2017 through May 15<sup>th</sup>, 2018\*\*\***

*This application must be submitted to the Police Department along with clear photocopies of the following:*

1. CURRENT VEHICLE REGISTRATION
2. CURRENT VEHICLE INSURANCE
3. CURRENT DRIVERS LICENSES FOR ALL DRIVERS
4. **\$50.00** FEE CASH (EXACT AMOUNT), CHECK OR MONEY ORDER – PAYABLE TO THE CITY OF SEA ISLE CITY

Please print clearly or type information below.

REGISTERED OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRINCIPAL DRIVER'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCAL ADDRESS (if any) \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

VEHICLE TAG #: \_\_\_\_\_ STATE: \_\_\_\_\_

PRINCIPAL DRIVER'S D/L#: \_\_\_\_\_ STATE: \_\_\_\_\_

PURPOSE OF PERMIT REQUEST: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ DATE OF COVERAGE \_\_\_\_\_ TO \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Received By: \_\_\_\_\_