

**TRUSTEES OFFICE**

**LOCATION:**  
240 West Montauk Highway  
Hampton Bays, NY 11946



CP-1333 (1/24)

[WWW.SOUTHAMPTONTOWNNY.GOV/TRUSTEES](http://WWW.SOUTHAMPTONTOWNNY.GOV/TRUSTEES)

**PHONE:** 631 287-5717

**FAX:** 631 287-5723

**BOARD OF TRUSTEES**  
OF THE FREEHOLDERS AND COMMONALTY OF THE  
TOWN OF SOUTHAMPTON

**APPLICATION FOR GILL NET PERMIT**

**NAME:**

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**ADDRESS:**

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**PHONE:**

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**MAILING ADDRESS, IF DIFFERENT FROM ABOVE:**

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**GILL NETS**

**LOCATION:**

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The undersigned has read the rules of the Board as set forth on the reverse side and is familiar with the same and agrees to fully comply with all the provisions thereof, and has signed the front hereof as part of this application.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RESIDENT:** DRIVERS LICENSE, SOUTHAMPTON PROPERTY TAX BILL AND A COPY OF THE FRONT AND BACK OF YOUR N.Y.S. FOOD FISH LICENSE MUST BE SUBMITTED WITH APPLICATION AND FORM.

**APPROVED BY BAY CONSTABLE:**

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**BOARD OF TRUSTEES**  
OF THE FREEHOLDERS AND COMMONALTY OF THE  
TOWN OF SOUTHAMPTON

**FISH TRAP, GILL NET, FYKE AND COMMERCIAL POT PERMITS**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS (PRINCIPLE PLACE OF ABODE)

**REQUIREMENTS (Trustee Resolution dated May 1, 2006)**

In the case of **those who own property** in the Town of Southampton the following is required:

1. A **DEED OR TAX BILL TO** residential property within the Town of Southampton.
2. A **CURRENT N.Y.S.D.E.C. FOOD FISH LICENSE**, which indicates a street address within the Town of Southampton. **(Post Office boxes are not acceptable) For pot permit, see list of required DEC permits which indicates a street address within the Town of Southampton.**
3. A N.Y.S. Drivers License or N.Y.S. Identification Card indicating a street address within the Town of Southampton **(Post Office boxes are not acceptable)**
4. **Two (2) current, straight faced passport photographs.**
5. In the event a spouse owns the residence, a copy of **marriage certificate** is required.
6. **If you cannot meet these requirements, your case will be referred to the Review Panel, consisting of the Town Attorney, Senior Bay Constable, and two Trustees.**

In the case of those leasing or renting a residence, the following is required:

1. **Copy of lease** showing property within Southampton Town, covering the entire year **(Please note: Two (2) affidavits, one (1) signed and notarized by the landlord, and one (1) signed and notarized by the tenant must** be submitted with the application.)
2. A current N.Y.S.D.E.C. **FOOD FISH License**, which indicates a **street address within the Town of Southampton. (Post Office boxes are not acceptable). For pot permit, see list of required DEC permits, which indicates a street address within the Town of Southampton.**
3. A N.Y.S. **Drivers License or N.Y.S. Identification Card**, indicating a street address within the Town of Southampton **(Post Office boxes are not acceptable.)**
4. **Two (2) current, straight faced passport photographs.**
5. **Rent receipts or canceled checks** for each of six (6) months **prior** to application of permit.
6. **Six (6) months of Utility Bills** (Applicant must submit six of eight of the following: electric, water, cable, heat, telephone, vehicle registration, boat registration, or insurance bills). Bills must indicate the applicant as the payer, and show a Southampton Town street address (Post Office boxes are not acceptable).
7. **Voter registration card** indicating an address in the Town of Southampton **or** a **notarized affidavit** stating where the applicant is registered to vote.
8. **If you cannot meet these requirements, your case will be referred to the Review Panel, consisting of the Town Attorney, Senior Bay Constable, and two Trustees.**
9. **Any false written statements contained in any affidavits submitted are subject to the provisions of Penal Law § 210.45.**
10. **Any false written statement is a Class A misdemeanor.**

**THE DESCRIPTION ON THE LICENSE IS AS FOLLOWS:**

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ (LAST FOUR DIGITS)

COLOR OF HAIR \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_ HEIGHT \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY: APPROVED BY \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_ LICENSE # \_\_\_\_\_