



Dock Permit Application

Application Fee: *See City of Winsted Fee Schedule Ordinance*

APPLICANT: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Other #: _____

Description of Dock: _____

Please certify your agreement with the following provisions by initialing:

_____: I have received a copy of the City of Winsted's Ordinance relating to docks on Winsted Lake.

_____: I will, by the time of inspection of the dock, have installed warning signs in English and Universal symbols indicating "NO SWIMMING" and "NO DIVING." I will also have installed a "no trespassing" or "private property" sign on the dock.

_____: I agree to have and maintain at all times during the period of the permit, liability insurance naming the City of Winsted as an additional insured in a minimum amount of \$1,000,000 (per Minnesota State Statute). I must immediately notify the City of Winsted if this insurance is cancelled or lapses for any reason. A copy certifying this insurance coverage is included with this application.

_____: I agree to defend, indemnify and hold the City of Winsted harmless for claims arising out of the existence of the dock and devices used to provide access to the dock.

_____: I acknowledge that in obtaining a dock permit, the City of Winsted makes no warranty regarding the overall safety of the dock. It is the applicant's responsibility to ensure proper maintenance and care of the dock and devices used to access the dock.

Applicant (Signature)

Date