



## TOWN OF SHELTER ISLAND

38 NORTH FERRY ROAD – P.O. BOX 1549  
SHELTER ISLAND, NEW YORK 11964

SHELBY MUNDY  
TOWN CLERK  
REGISTRAR OF VITAL STATISTICS  
FREEDOM OF INFORMATION OFFICER  
RECORDS ACCESS OFFICER

ADMINISTRATIVE (631) 749-1166  
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[townclerk@shelterislandtown.gov](mailto:townclerk@shelterislandtown.gov)

### APPLICATION FOR PERMIT TO CONDUCT BUSINESS ON TOWN PROPERTY TO THE TOWN BOARD OF THE TOWN OF SHELTER ISLAND

**This application must be completed in its entirety. Any missing or incomplete information will prevent this application from being presented to the Town Board.**

#### Applicant Information:

*Please provide a copy of applicant's photo I.D.*

Applicant Name: RIDESHORE LLC, c/o John Eicher and David Witzke

Address: 186 West Montauk Highway, Suite D-10, Hampton Bays, NY 11946 (legal address)

Email: [info@rideshore.com](mailto:info@rideshore.com) Cell #: [REDACTED] Office #: 914-588-7202

Contact Person (if different from applicant):

Email: [john@rideshore.com](mailto:john@rideshore.com) Cell #: [REDACTED] Office #: 914-588-7202

If the applicant is other than the owner, please provide the following information:

Owner Name: RideShore is owned by John Eicher and David Witzke

Attached hereto and designated as Exhibit A, is an affidavit from the owner giving the applicant authority to make this application.

#### Nature of the Business – Please review the following guidelines and provide a description of services:

*-Retail is not permitted on Town Beaches*

*-Shelter Island Brick's & Mortar's will be considered to have priority*

*-RFP's will be accepted for competing businesses*

Ship-to-shore launch service at Crescent Beach, Shelter Island

We have been providing this service at Crescent Beach for the past 16 years. In 2010, Shelter Island Shuttle Co. LLC was founded by John Eicher

In 2020, John Eicher and David Witzke became partners/co-owners, and reorganized their business as RideShore LLC

Number of Employees: 5 captains

plus 1 beach attendant

Does your business require you to obtain a permit from:  
**(If yes to any of the below please attach copy of permit)**

DEC                       FEMA                       Suffolk County Department of Health  
 ABC (Liquor License)                       Other (Please Specify \_\_\_\_\_)

No other permits required with the exception of this application.

**Requested Location(s)**

Name, Address, Location of Town property where business will be conducted

Crescent Beach at the shoreline nearest to the bathrooms

**Wades Beach-** This location has a two business limit with 20'x20' area, which includes a maximum tent size of 10'x10'. Duplication of services will not be permitted. No utilization of the beach or pavilion.

**Crescent Beach-** This location has a five business limit with a 20'x20' area, which includes a maximum tent size of 10'x10'. Duplication of services will not be permitted.

**Site Map Required** - Please supply a site map of where the proposed business will be located including the configuration of the property; the names and record owners of the adjoining properties; the streets or highways abutting said property; the size and location of any existing buildings.

**Site Map Attached**  Yes  No

**Operating Hours**

Permitted hours are 9AM – 7PM

Setup date No earlier than May 15, 2026

Opening date No earlier than May 15, 2026

**Hours**

S	Start	<u>11:00am</u>	Finish	<u>8:30pm</u>
S	Start	<u>11:00am</u>	Finish	<u>8:30pm</u>
M	Start	<u>11:00am</u>	Finish	<u>8:30pm</u>
T	Start	<u>11:00am</u>	Finish	<u>8:30pm</u>
W	Start	<u>11:00am</u>	Finish	<u>8:30pm</u>
T	Start	<u>11:00am</u>	Finish	<u>8:30pm</u>
F	Start	<u>11:00am</u>	Finish	<u>8:30pm</u>

Closing Date: September 30, 2026 or earlier

Cleanup date: September 30, 2026 or earlier

**Parking**

Expected number of vehicles intended to use the Town property at any one time none

Provide a parking plan including a map showing how parking shall be arranged including the layout of any parking area for motor vehicles, including the means of ingress and egress to such parking area.  
*A separate parking permit is required for use of parking space.*

**Parking Map Attached** \_\_\_\_ **Yes** **X** **No**

**Operations**

Describe all structures or equipment to be erected for the business use including any tents, huts, trailers, chairs, etc. Provide photos of special equipment

10'x10' tent, folding beach chairs, and a portable gangway. Please see attached photos of each.

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Describe the Number and Types of Vehicles involved in business. Provide photos if not standard car or pickup truck.

Depending on demand, we operate 1-3 operate shallow draft boats ranging from approximately 17' to 28' in length

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Expected maximum number of people intended to use the Town property at one time 18

Describe the method and manner in which sanitary facilities are to be provided for the disposal of human waste, garbage and other debris. Our business does not sell any food or drink, and we do not generate any garbage during operations.

If our customers leave their items behind on the beach, we always clean up this area of the beach at the end of each day.

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**Noise:** Are you requesting a sound system or is there equipment that is part of the business operation that generates noise (i.e. generator or engine) amplified music or other noise

Yes \_\_\_\_ No X Description of device \_\_\_\_\_

If yes to above provide a diagram and statement showing the type, number and location of any sound amplifiers, loud speakers, sound trucks or other similar sound equipment, generator, engine or other device that will be creating said noise

**Sound/Noise Diagram Attached** \_\_\_\_ **Yes** **X** **No**

**Lighting;** if there are to be outdoor lights or signs provide, a map showing the number, location, size, type and illuminating powers of such lights and signs.

**Lighting Map Attached** \_\_\_\_ **Yes** **X** **No**

**Liter / Debris:** The area must be completely cleaned when business is completed each day and at the end of the season.

**Insurance:** Please supply a copy of a certificate of insurance in compliance with §33-2 of the Shelter Island Town Code. Town of Shelter Island must be listed as co-insured and state services offered.

**Insurance Certificate Attached** **X** **Yes** \_\_\_\_ **No**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
**1/28/2026**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  <b>Edgewood Partners Insurance Center</b> <b>350 Hudson Street – 4<sup>th</sup> Floor</b> <b>New York, NY 10014</b>	<b>Phone No. (212)-488-0200</b> <b>Fax No. (212)-488-0220</b>	<b>CONTACT NAME:</b> Thomas Kremпки <b>PHONE (A/C, No, Ext):</b> 212-488-0286 <b>E-MAIL ADDRESS:</b> Tom.krempecki@epicbrokers.com <b>PRODUCER CUSTOMER ID#:</b>	<b>FAX (A/C, No):</b> 212-918-0738
	<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  <b>Rideshore LLC / John Eicher</b> <b>1555 Shore Drive</b> <b>Greenport, NY 11944</b>	INSURER A: Atlantic Specialty Insurance Company (IMU)		27154
	INSURER B: Starr Indemnity/Argonaut Insurance/Berkshire Hathaway (Safe Harbor)		38318/19801/22276
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE DAMAGES TO RENTED PREMISES (Ea Occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE AGGREGATE
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NO (Mandatory in NH)						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B A A	Vessel Pollution Liability Hull & Machinery Protection & Indemnity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	V-14835-25 B5JH03434 B5JH03434	05/19/2025 05/19/2025 05/19/2025	05/19/2026 05/19/2026 05/19/2026	Limit: \$1,000,000 Limit: Per Agreed Hull Values Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Protection & Indemnity policy provides Jones Act coverage for captains and crew and 3<sup>rd</sup> party bodily injury & property damage.

**CERTIFICATE HOLDER****CANCELLATION**

Town of Shelter Island  
 38 North Ferry Road  
 Shelter Island, NY 11964

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHOR

# Site Map



# Equipment Photos

