



**SEABROOK BLUE DOLPHIN YACHTING CENTER, INC.**  
dba Blue Dolphin Yachting Center, Inc. ("Blue Dolphin")

**On-Site Office**  
500 Blue Dolphin Street  
Seabrook, Texas 77586  
281.474.4450 | Tel  
281.474.2050 | Fax

**Corporate Office**  
P.O. Box 130979  
Houston, Texas 77219-0979  
713.688.3926 | Tel  
713.686.2680 | Fax

BLUE DOLPHIN  
YACHTING CENTER INC.

**VESSEL SLIP RESERVATION & LEASE APPLICATION**

|                                                                                                 |              |                                    |                  |                               |
|-------------------------------------------------------------------------------------------------|--------------|------------------------------------|------------------|-------------------------------|
| <b>On-Site Personnel Use Only</b>                                                               | Slip No.:    | Quotation of Monthly Rental Rates: | Slip Rent: \$    | Application fee: \$5.00       |
| Locker Fee: \$                                                                                  | (per locker) | Live Aboard Fee:                   | Dry Storage Fee: | Security Deposit: \$          |
| Electricity will be supplied subject to and in accordance with the terms of the Lease Agreement |              |                                    |                  | <b>EXPECTED MOVE IN DATE:</b> |
| I certify that applicant has received a copy of this Application. Processed by:                 |              |                                    |                  | on / / 20 / / 20              |

|                                                                                                                                                                                                                  |                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>Applicant Information (Please print all information)</b>                                                                                                                                                      | <b>Co-Owner Information (Please print all information)</b>                                                                   |
| Vessel Owner's Name:                                                                                                                                                                                             | Vessel Co-Owner's Name:                                                                                                      |
| Home Street Address (No PO Boxes):                                                                                                                                                                               | Home Street Address (No PO Boxes):                                                                                           |
| City, State, Zip:                                                                                                                                                                                                | City, State, Zip:                                                                                                            |
| Office Street Address (No PO Boxes):                                                                                                                                                                             | Office Street Address (No PO Boxes):                                                                                         |
| City, State, Zip:                                                                                                                                                                                                | City, State, Zip:                                                                                                            |
| Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other (Listed Below)                                                                                     | Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other (Listed Below) |
| Home Phone: ( ) Cell Phone: ( )                                                                                                                                                                                  | Home Phone: ( ) Cell Phone: ( )                                                                                              |
| Work Phone: ( ) Driver's License #:                                                                                                                                                                              | Work Phone: ( ) Driver's License #:                                                                                          |
| Email: State & Date issued by:                                                                                                                                                                                   | Email: State & Date issued by:                                                                                               |
| Employer: Length of employment:                                                                                                                                                                                  | Employer: Length of employment:                                                                                              |
| Previous LESSEE of Blue Dolphin Yachting Center? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                        | Leased a slip at other marina(s) <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| If yes, name of marina(s):                                                                                                                                                                                       |                                                                                                                              |
| Has Applicant(s) been a party to a lawsuit(s) involving rent, property damage, and/or bodily injury? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                    |                                                                                                                              |
| Referred by: <input type="checkbox"/> Signage <input type="checkbox"/> Advertisement <input type="checkbox"/> Passing By <input type="checkbox"/> Friend <input type="checkbox"/> Broker Name:                   |                                                                                                                              |
| Pets? <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other: Are vaccinations current? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                              |

**Vessel Information** Vessel Name: Type: ☐ Sail ☐ Power Overall Length:

Overall Beam: Weight: Manufacturer: Year:

Check One: ☐ State Motor Boat No. ☐ Custom House No. ☐ U.S. Coast Guard No. ☐ Documentation No. Applicable No.:

**"RESERVING"** Slip No.: on Reservation Fee: \$ (equal to one (1) month's slip rent amount) is required.

This is only a "Reservation" NOT A LEASE and does NOT authorize moving the Vessel into Blue Dolphin and does NOT obligate Blue Dolphin to enter into a lease with Applicant(s).

Should another party wish to lease the "Reserved Slip", it is understood that I/we will be notified by Blue Dolphin and given the opportunity to sign the required Lease Documents within forty-eight (48) hours, but if I/we fail to do so, this "Reservation will be cancelled. The "Reservation" Fee will be refunded, without interest, by Blue Dolphin's Corporate Office. **Please sign and date below for refund of "Reservation Fee".**

Date "Reservation" is cancelled on:

Vessel Owner's Signature: Vessel Co-Owner's Signature:

**"LEASING"** Slip No.: on: Number of Bathhouse keys issued: By:

For a Term of: ☐ 12 Months ☐ 6 Months ☐ Month to Month A Key Deposit of \$10.00 per Bathhouse key is required at the time of issuance

This is only a "Lease Application" NOT A LEASE and does NOT authorize moving the Vessel into Blue Dolphin and does NOT obligate Blue Dolphin to enter into a Lease with Applicant(s).

Is Applicant(s) currently leasing a Slip at Blue Dolphin? ☐ Yes ☐ No If Yes, Slip No.:

LIVE ABOARD. Will Applicant(s) be living aboard the Vessel? ☐ Yes ☐ No

Will this be an additional Slip? ☐ Yes ☐ No If Yes, other Slip No.:

Is Applicant(s) intending to transfer Vessel from current Slip? ☐ Yes ☐ No If Yes, from Slip No.:

Is Vessel in attractive, tight, staunch, strong, and seaworthy condition? ☐ Yes ☐ No

• **Again, this is NOT A LEASE and the Vessel MUST NOT be moved into Blue Dolphin prior to the following:**

• **Lease Documents being signed** • **Beginning Date of the Lease** • **Providing Proof of Insurance to Blue Dolphin**

• **Payment of first (1st) month's rent** • **Payment of Security Deposit**

All monthly charges commence on the Beginning Date of the Lease. Should the Beginning Date of the Lease fall after the first (1st) day of the month, the monthly charges will be pro-rated for the first (1st) month ONLY. All subsequent slip rent and agreed to charges are due on the FIRST (1ST) DAY OF EACH MONTH.

**Emergency Contact Information: Other than Owner / Co-Owner**

|                                 |                                 |
|---------------------------------|---------------------------------|
| Full Name:                      | Full Name:                      |
| Street Address (No PO Boxes):   | Street Address (No PO Boxes):   |
| City, State, Zip:               | City, State, Zip:               |
| Home Phone: ( ) Cell Phone: ( ) | Home Phone: ( ) Cell Phone: ( ) |
| Work Phone: ( ) Fax No.: ( )    | Work Phone: ( ) Fax No.: ( )    |
| Email:                          | Email:                          |

**Confirmation** I/We hereby confirm that ALL information is true and correct, and hereby authorize verification of same by Blue Dolphin.

FALSIFIED INFORMATION will constitute grounds for IMMEDIATE TERMINATION of the Reservation and/or Lease.

Vessel Owner's Signature: Vessel Co-Owner's Signature:

Title, if applicable: Title, if applicable: