CITY OF BELLE

ATV VEHICLE PERMIT

APPLICATION

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| ***To be completed by City Employee:*** |
| ***Instructions to City Employee:***  ***Copy of valid (non-expired) driver’s license and valid (non-expired) liability***  ***insurance card must be attached to the application.***  ***DO NOT issue a permit unless you verify that applicant has a valid Drivers***  ***License and a valid liability insurance card.***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Signature of City Employee***  ***Cost of Permit:***   * ***Regular ATV Permit: $15.00*** * ***Disabled ATV Permit: (free – no charge)***   ***Amount Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Employee Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***To be completed by Applicant:*** |
| ***Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***Address of Applicant: Street/P.O. Box:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_Zip Code:\_\_\_\_\_\_\_\_\_*** |
| ***ATV Vehicle: Year \_\_\_\_\_\_\_\_\_\_Make:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***VIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **I hereby certify that I am aware of all the rules/regulations set forth by the city ordinance and State Laws. Additionally, I am aware that I must abide by all traffic laws/rules and regulations (city and State) or my ATV permit may be revoked with no refund.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Applicant Date** |