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** |