

_Permit #:___

Special Vehicle Permit ApplicationPermit Fee: \$35 (Per Vehicle)

Proof of Liability Insurance Required

on back

Permit Type: Dealer	Individual	Make:	
Vehicle Type: UTV	Golf Cart ATV	Model:	
Registered Owner:		DNR #:	
Address:	(Street, City)		
Phone:			
<u>Authorized Drivers:</u> At Vehicle.	tach a copy of Driver's Licen	se for each person who wil	l be driving the Special
 Rollover protection bar. Seatbelt for driver and all occoccupant load. At least two (2) headlights. At least two (2) taillights and Front and rear turn signals. An exterior mirror mounted Passenger side mirror or interest 	on the driver's side of the vehicle. erior mirror that provides as required by Mn Stat. §169.70. Lacknowledge that my vehicle me	 occupant load. At least two (2) headlights. At least one (1) tail light. Front and rear turn signals. An exterior mirror mounted Passenger side mirror or interest 	on the driver's side of the vehicle rior mirror that provides as required by Mn Stat. §169.70
	on on the application is compread City Ordinance Article		•
Signature:		Date:	_
By:	Date:		Additional Information

CONSENT FOR THE RELEASE OF INFORMATION

The below applicant(s) authorize the City of Marshall Police Department to disclose all applicable criminal history record information to the City of Marshall for the purpose of obtaining a Special Vehicle Permit (pursuant to Mn Stat. 299C.72 and/or Mn Stat. 340A.402.) using the attached driver's license information.

The expiration of this authorization shall be for a period no longer than one year from the date of signature.

Each driver authorized to drive under the Special Vehicle Permit must sign and date below.

Applicant 1:	Date:
Applicant 2:	Date:
Applicant 3:	Date:
Applicant 4:	Date:
Applicant 5:	Date:
Applicant 6:	Date: