

SNOWMOBILE/ATV LICENSE APPLICATION



APPLICANT: _____ PHONE: _____

ADDRESS: _____

DRIVERS LICENSE: _____ ENDORSEMENTS: _____

Snowmobile required for anyone born since 1980

INSURANCE COMPANY: _____

INSURANCE POLICY: _____ EXP: _____

VEHICLE TYPE: SNOWMOBILE ATV GOLF CART

MAKE: _____ MODEL: _____ YEAR: _____

VIN/SERIAL NUMBER: _____ COLOR: _____

I, the applicant, attest that the vehicle associated with this application is licensed as required by MN Statute. I also agree to obey all laws, statutes and ordinances while operating this vehicle.

APPLICANT SIGNATURE: _____ DATE: _____

PERMIT VALID UNTIL DECEMBER 31, 20__

OFFICE USE ONLY

Payment Stamp

CITY CLERK: _____

PERMIT #: _____ FEE: 15.00

