

City of Fergus Falls

Special Vehicle Use Permit Application

This application is for all-terrain vehicle, mini-truck, utility task vehicle, or motorized golf carts that are used on designated city streets. Permits are issued for a three year period and are valid from the issuance date.

Type of Vehicle

Image: All-Terrain VehicleImage: Mini Truck

Utility Task Vehicle
Motorized Golf Cart

Application Date					
Name of Owner					
Mailing Address					
City	Fergus Falls	State	MN	Zip	56537
Phone Number – H	lome		Cell		
E-Mail					

Vehicle Information

Year	Make		Model	
Body Ser	ial Number/Vehicle ID Numbe	er		
DNR Reg	istration Number (if applicabl	e)		

Proof of Liability Insurance

Insurance Company		
Policy Number	Policy Expiration Date	
Agency/Agent Name	Phone Number	

I certify that I have reviewed and understand all regulations adopted under the City of Fergus Falls Special Vehicle Use Ordinance and that all information submitted in this application is true and correct.

Sign or Type Full Name

Date

Permit Authorized (For Official Use Only)

Approved? No	Yes If no, list reason(s) for denial below:		
Approved by		Date	
Permit Issued Date		Permit Number	
Sent Permit		Date Sent	
Revoked		Date Revoked	