

☐ New application☐ Renewal

Name of owner: _____

Address: _____

Phone Number: _____ Email Address: _____

Type of Vehicle: ☐ UTV ☐ GOLF ☐ WSUV ☐ MUT ☐ LSV

Make/Model: _____ Color: _____

VIN Number: _____

Insurance Company: _____

Insurance Policy Number: _____

I have received a copy of the current ordinance and will obey all sections which pertain to my permit.

Signature _____ Date: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Receipt Number: _____

☐ Current copy of Ordinance provided☐ Verification of good standing☐ Driver's License Expiration Date

Vehicle Equipment Verified by _____ Date: _____

☐ Headlights☐ Break lights☐ Turn Signals☐ Mirror(s) - one (1) rear-facing☐ Seatbelts**ATTACHED:**☐ Copy of Proof of Insurance☐ Photos of Vehicle- Left, Right, Front, Back

Permit Number: _____ Expiration Date: _____