



ATV, Mini Truck, Motorized Golf Cart Permit Application

PERMIT FEE: \$ 25.00

Vehicle Permit must be affixed to the rear of the vehicle.
Operator Permit must be in the possession of the operator.

OFFICE USE ONLY

TYPE OF VEHICLE: _____

VEHICLE PERMIT #: _____

DATE ISSUED: _____

APPLICANT INFORMATION

NAME: _____

STREET ADDRESS: _____ P.O. BOX: _____

VEHICLE OPERATOR INFORMATION

PLEASE NOTE: To operate an ATV, mini-truck, or motorized golf cart in the City of St. Clair, you must have a valid driver's license.

NAME	PHONE #	DRIVER'S LICENSE #	DOB	* MEDICAL CONDITION		OFFICE USE ONLY OPERATOR PERMIT #
				YES	NO	
				YES	NO	
				YES	NO	
				YES	NO	
				YES	NO	
				YES	NO	

* DO YOU HAVE ANY MEDICAL CONDITION THAT RESTRICTS YOU FROM DRIVING A MOTOR VEHICLE ON PUBLIC ROADWAYS? IF YES, EXPLAIN:

VEHICLE INFORMATION

TYPE OF VEHICLE:	MAKE:	MODEL #:
YEAR:	SERIAL #:	STATE REGISTRATION #:

INSURANCE INFORMATION

INSURANCE AGENCY:	POLICY #:	INSURANCE POLICY EXPIRATION DATE:
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I hereby certify that the information provided on this application is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE _____ DATE _____

OFFICE USE ONLY

PERMIT REQUIREMENTS	PERMIT FEE PAID	YES	NO	N/A
	DRIVER'S LICENSE	YES	NO	N/A
	PROOF OF INSURANCE	YES	NO	N/A
	PHYSICIANS CERTIFICATE	YES	NO	N/A
	SLOW MOVING VEHICLE SIGN (GC)	YES	NO	N/A
	REAR VIEW MIRROR (GC & ATV)	YES	NO	N/A
	HEAD LIGHTS AND TAIL LIGHTS (ATV)	YES	NO	N/A
	MINI TRUCK REQUIREMENTS	YES	NO	N/A

2 head lights 2 front seat belts
2 tail lights windshield
front & rear turn-signal lights parking brake
2 exterior mirrors OR 1 exterior and 1 interior mirror

PERMIT APPROVED: _____ PERMIT DENIED: _____

IF DENIED, REASON: _____

COMMENTS: _____

Catherine Seys, City Clerk-Treasurer DATE _____