**CITY OF OLIN**

**ATV OR GOLF CART PERMIT APPLICATION**

OWNERS FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OLIN, IOWA 52320

 VEHICLE MAKE/MODEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AM OVER 18 YEARS OF AGE AND HAVE A VALID OPERATOR’S LICENSE FROM THE STATE OF IOWA.

MY VEHICLE IS EQUIPED WITH BRAKES ADEQUATE TO STOP AND HOLD THE VEHICLE, A SLOW-MOVING VEHICLE SIGN, AND A BICYCLE SAFETY FLAG ATTATCHED AS DIRECTED IN THE CITY ODINANCE 702-09.

I HAVE LIABILITY INSURANCE COVERAGE FOR THE GOLF CART/ATV MEETING OR EXCEEDING THE LIMITS.

I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS FOUND IN THE CITY ORDINANCE 702-09 AND AGREE TO COMPLY WITH THESE REQUIREMENTS.

SIGNATURE OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LICENSE FEES: $10/YEAR

PERMIT IS NON TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED ON THE VEHICLE.

DRIVERS LICENSE AND PROOF OF INSURANCE MUST BE AVAILABLE UPON REQUEST.

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***FOR OFFICE USE ONLY***

*\_\_\_\_\_\_PERMIT ISSUED (#\_\_\_\_\_\_\_\_\_\_)*

*\_\_\_\_\_\_FEE COLLECTED BY \_\_\_\_\_\_\_\_\_\_\_ DATE ISSUED \_\_\_\_\_\_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_\_\_\_*