

Office of the City Clerk
344 W. Main Street
Marshall, MN 56258
Ph. (507) 537-6775

***All Applications are subject to approval.**

CLASS 2 ALL-TERRAIN VEHICLES (ATV) OR UTILITY TASK VEHICLE (UTV) PERMIT APPLICATION

PERMIT WILL EXPIRE ON _____ **PERMIT FEE \$35.00;** **Receipt Number** _____

Check which type of Permit applies _____ Dealer / Retailer _____ Individual

Applicant (Registered Owner): _____
(attach copy of driver's license) First Full Middle Last

Home Address: _____

Phone (day): _____ Phone (cell): _____

Please list all authorized and licensed users included with this application (copy of drivers license required) (attached separate page if needed)

Name: First Full Middle Last

Address: Street City State Zip Code

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CLASS 2 ATV <input type="checkbox"/>	UTV <input type="checkbox"/>
Make: _____	Model: _____
DNR Reg #: _____	Reg Yr: _____

PROOF OF LIABILITY INSURANCE REQUIRED (Certificate of Insurance required from Agent – please attach)

Please indicate if vehicle has the following required minimum equipment:

- _____ Rollover protection bar
- _____ Seatbelts for driver and all occupants pursuant to the design occupant load
- _____ At least two (2) headlights
- _____ At least two (1) tail light and (1) brake light
- _____ Front and rear turn-signal lights
- _____ An exterior mirror mounted on the driver’s side of the vehicle and either an exterior mirror mounted on the passenger’s side of the vehicle or an interior mirror to provide the driver with adequate vision from behind as required by Minnesota Statute §169.70

I attest that the information on the application is complete and accurate to the best of my knowledge. I also acknowledge receipt of a copy of the Special Vehicle Ordinance with this application and agree to comply with all requirements therein.

Signature: _____ Date: _____

PERMIT AUTHORIZATION (For Police Department Use Only)

Approved? Yes No (if no, list reason(s) for denial): _____

By: _____ Date: _____
Director of Public Safety or Designee

ICR #: _____ Permit #: _____
Issued by City Clerk

CONSENT FOR THE RELEASE OF INFORMATION

Date: _____

The following named individual has made application with this agency for (license type)

Last Name: _____

First Name: _____

Middle: _____

Maiden, Alias or Former: _____

Date of Birth: _____
(MM/DD/YYYY)

Sex (M or F): _____

Drivers License Number: _____

Drivers License State: _____

Phone Number: _____

I authorize the City of Marshall Police Department to disclose all applicable criminal history record information to the City of Marshall for the purpose of licensure (pursuant to Minn. Stat. § 299C.72 and/or Minn. Stat. § 340A.402).

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

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