



Deputy City Clerk's Office  
 333 S. Washington Street, PO Box 526  
 Redwood Falls, MN 56283  
 507-616-7400  
 Email: ckodet@ci.redwood-falls.mn.us

## APPLICATION FOR SPECIALTY VEHICLE PERMIT

(Permits are for a 3-year period (January 1-December 31). Permit Fees will not be prorated if issued after January 1 during any calendar year)

|  |                                 |            |
|--|---------------------------------|------------|
| <b>APPLICANT INFORMATION:</b>  |                                 |            |
| First Name:  | Middle Name <i>(required)</i> : | Last Name: |
| Street Address:  |                                 |            |
| City, State, Zip:  |                                 |            |
| Telephone: <i>Home</i> :   | Cell:                           |            |
| Email:   |                                 |            |
| Driver's License No. <i>(Must have a Valid D.L. if operating a mini-truck)</i> . _____ |                                 |            |
| If no D.L., reason for not having a D.L. _____   |                                 |            |
| Date of Birth <i>(required)</i> : _____  |                                 |            |

|   |   |   |  |
|---|---|---|--|
| <b>DESCRIPTION OF RECREATIONAL VEHICLE:</b> |   |   |  |
| <input type="checkbox"/> ATV (\$30)         | <input type="checkbox"/> Motorized Bicycle (\$30) | <input type="checkbox"/> Golf Cart (\$30) | <input type="checkbox"/> Mini-Truck (\$30) |
| State Registration Number:                  |   | Year:                                     |  |
| Engine Make:                                | Engine Displacement:                              |   |  |
| Make:                                       | Model Name:                                       | Color:                                    |  |
| Serial Number:                              |   | Weight:                                   |  |

|   |                      |
|---|----------------------|
| <b>INSURANCE INFORMATION:</b>                   |                      |
| Name of Company:                                | Policy Period:       |
| Policy Number:                                  | Limits of Liability: |
| Evidence of Insurance is attached?    Yes    No |                      |

|  |  |
|--|--|
| <b>Please answer all questions truthfully and to the best of your knowledge. Providing false information may be cause for denial of your permit. If answering yes to any of these questions, please attach additional information to this application.</b> |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Has the applicant had his or her driver's license revoked as the result of criminal proceedings? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Has the applicant had his or her driver's license revoked for medical reasons?                   |

**The City of Redwood Falls may request a certificate signed by a physician that an applicant is able to safely operate a recreational vehicle on the roadways designated.**

**The City of Redwood Falls reserves the right to request additional information to assist in the evaluation of this application.**

As an applicant for a Recreational Vehicle/Golf Cart/Mini-Truck Permit, I agree to the following:

- I understand that this permit is to be used for travel only on city streets and alleys under the jurisdiction of the City of Redwood Falls and does not extend to the county, state or federal roads or highways. I acknowledge receipt of the applicable map.
- Slow moving emblem will be displayed on Golf Cart when operating on the city streets and equipped as required by law.
- I understand that I have the same rights, duties and responsibilities as any other vehicle operated on city streets and I will abide by all state and local laws and can be charged or fined for violation of these laws.
- I understand that the permit(s) will be revoked for traffic violations or if I operate the Recreational Vehicle/Golf Cart/Mini-Truck in an unsafe manner.
- I understand that insurance must be in effect during all times of operation and I will not operate any such vehicle unless insurance is in effect.
- I understand that the City assumes no liability for any injuries to persons or property which may result from the operation of my Recreational Vehicle/Golf Cart/Mini-Truck.
- I acknowledge receipt of the City's Recreational Vehicle/Golf Cart/Mini-Truck regulations.

I hereby make application for a Recreational Vehicle/Golf Cart/Mini-Truck Permit to operate such a vehicle in the City of Redwood Falls, Minnesota and hereby certify to the correctness of this application. I understand providing false information will result in rejection of application or suspension/revocation of the permit. I do authorize the City of Redwood Falls, its agents, and employees, to obtain information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this permit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Parent/Guardian if under 18 years of age

\_\_\_\_\_  
Date

| FOR CITY USE ONLY:  |  |
|---|--|
| <input type="checkbox"/> Completed Application & Cert of Insurance form received              | <input type="checkbox"/> Permit/Regulations/Map issued to Applicant on _____ |
| <input type="checkbox"/> Copy of Permit to Police Department                                  |  |
| <input type="checkbox"/> Application, Supporting Documents and Permit scanned to License File |  |