

City of Olivia
1009 Lincoln Ave West
Olivia, MN 56277

All-Terrain Vehicle Application

Valid for Calendar Year: _____ Permit No. _____

Vehicle Owner: _____ Non Owner: _____

Last Name: _____ First: _____ Middle Initial: _____

Address: _____ Phone: _____

Date of Birth: (must have a valid driver license): _____ Cell: _____

Operator of ATV

Last Name: _____ First: _____ Middle Initial: _____

Driver License Number: _____ DNR License# _____

Insurance Information

Insurance (No Fault) Company: _____ Insurance Policy Number: _____

Insurance Carrier/Agency Name: _____

Type of Vehicle

Make: _____ Model: _____ Year: _____

Color: _____ Serial Number: _____

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a permit to operate an ATV in the city limits of Olivia, you are being asked to provide private data about yourself which will be used to check various databases to determine your eligibility. You may refuse to provide this information; however, should you refuse, the driver's license check cannot be completed and your application will not be processed. Providing the information will permit the driver's license check to be completed. The result of the check may be either affirmative or negative. The information you provide may be shared with other law enforcement agencies, via court order or as otherwise authorized or required by law.

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE:

DATE:

Email Address:

Police Chief: _____ Clerk/Staff: _____

Date Approved: _____ Permit Fee (per person): \$20.00 Date Paid: _____