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 drive	er license):	Cell:
	Operator of ATV	
Last Name:	First:	Middle Initial:
Driver License Number:	DNR Licens	e#
	Insurance Information	n
Insurance (No Fault) Company:	Insurance Policy Number:	
Insurance Carrier/Agency Name:		
	Type of Vehicle	
Make:	Model:	Year:
Color:	Serial Number:	
may be shared with other law enforcement I HAVE READ AND UNDERSTAND TH	an ATV in the city limits of Olivia, o check various databases to de ion; however, should you refuse, be processed. Providing the info e check may be either affirmative ent agencies, via court order or a	you are being asked to provide private stermine your eligibility. If the driver's license check cannot be surmation will permit the driver's license or negative. The information you provide as otherwise authorized or required by law. DRY. I HEREBY CERTIFY THAT THE ABOVE
APPLICANT SIGNATURE:	DATE:	
Email Address:		
	Clerk/Staff:	
Date Approved:	Permit Fee (per person):	