



Application for 4 Wheel ATV & Golf Carts

305 E Luverne St, PO Box 659

Luverne, MN 56156

(507) 449-2388

www.cityofluverne.org

Date of Application _____

Contact Information	
Full Name	
Address	
City, State, ZIP	
Driver's License Number	State
Phone Number	
Date of Birth (must be 19 years of age)	
E-Mail Address	

Description of EACH All-Terrain Vehicle or Golf Cart to be operated:

ATV Golf Cart Side by Side (UTV) Other _____

State Registration Number: _____

Engine Make: _____ Horse Power: _____ Displacement: _____cc's

Make: _____ Model: _____ Color: _____

Serial Number: _____ Weight: _____

Does this vehicle have four flotation tires: Yes No

Insurance Information

Name of Company: _____ Policy Period: _____

Limits of Liability: _____

*Please provide proof of insurance.

I understand insurance must be in effect during all times of operation and I will not operate any such vehicle unless insurance is in effect.

Are you requesting a work endorsement for work-related purposes or right to operate at any time? Yes No

If so, describe all particulars of your request including type of work, hours of operation, etc.

Permit Agreement and Signature

As an applicant for an All-Terrain Vehicle Operators Permit, I agree to the following:

1. I understand that this permit is to be used for travel only on city streets and alleys under the jurisdiction of the City of Luverne and does not extend to county, state or federal roads or highways. I acknowledge receipt of applicable map.
2. Slow moving emblem will be displayed on golf cart/ATV's flag when operating on the City streets, & equipped as required by law.
3. 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 charge or fined for violation of these laws.
4. I understand that the permit(s) will be revoked for traffic violations or if I operate the all-terrain vehicle or golf cart in an unsafe manner.
5. I understand that the City assumes no liability for any injuries to persons or property which may result from the operation of my golf cart or all-terrain vehicle.
6. I acknowledge receipt of the City's AVW/GC regulations (Ord. #292, 3rd Series).

Signature _____ Date: _____

PERMIT IS GOOD FOR ONE CALENDAR YEAR AND EXPIRES ON DECEMBER 31ST

Approval by City Clerk _____

Date: _____ Permit # _____ \$30 Fee Paid: _____