

City of Montevideo Class 2 ATV Operators Permit Application

All permits expire Dec. 31st of each year.

Name of Applicant: _____ Date of Application: _____

Address of Applicant: _____ Phone Number: _____

Do you have Proof of Liability Insurance to Operate ATV on City Streets?: YES ____ NO ____

Name of Insurance Company: _____ Policy Number: _____

Liability Limits: _____ (Attach copy of Certificate of Insurance)

State DNR Public Use Registration sticker No.: _____

Please answer the following questions:

- 1) Do you presently have or have you had a Minnesota Driver's License?: YES ____ NO ____
(If yes, please include a copy of the license with this application).
- 2) Have you ever had your license revoked for traffic violations?: YES ____ NO ____

As an applicant for a Class 2 ATV Operators Permit, I agree to the following:

- 1) I agree to operate at a rate of speed reasonable or proper under all surrounding circumstances and in no event, at a speed greater than 25 miles per hour, or the legal speed limit, whichever is less.
- 2) I understand that this permit is for travel on city streets only, and does not extend to alleys, county, state, or federal roads or highways.
- 3) I agree to not enter any intersections without yielding the right-of-way to any vehicles or pedestrians at the intersection, or so close to the intersection as to constitute an immediate hazard.
- 4) I understand that I have all of the same rights, duties and responsibilities as any other vehicle operated on city streets and I will abide by all state and local statutes, and that I understand that I can be charged or fined for violation of these statutes.
- 5) I am at least 18 years of age and have a valid Driver's License.
- 6) I understand that my permit can be revoked by the city if my driver's license is revoked for traffic violations or if I have operated the ATV in an unsafe manner.
- 7) I understand that the city assumes no liability for any injuries to persons or property which may result from my operation of a motorized golf cart.
- 8) I agree to wear a seatbelt if it is provided.
- 9) I authorize the Montevideo Police Department to verify my driving records and any related information.

Signature: _____ Date: _____

POLICE DEPARTMENT USE ONLY BELOW THIS LINE

Police Department to Verify:

- 1) Driver's Record and Related Information
- 2) Proof of State DNR Public Use Registration
- 3) Provide information on Traffic Regulations
- 4) Completion of Application
- 5) Insurance
- 6) Issue License

Approval by Police Department: _____

Date: _____