

APPLICATION FOR SPECIAL VEHICLE PERMIT

All information on this form must be completed in order for the applicant to be considered as eligible for receiving a Special Permit to use a motorized special vehicle on City streets and roadways within the City of Dundas.

1. **Full Name:** _____
(First) (Middle) (Last)

2. Address: _____

Driver's License: _____ Email: _____

Phone# _____

3. Describe the vehicle, license number (if applicable), and vehicle identification number for which a Special Permit is sought.

4. Name of insurance company and policy number providing insurance for the motorized vehicle (*Provide copy of insurance policy*).

I request issuance of a Special Vehicle Permit to use a special motorized vehicle on City streets and roadways within the City of Dundas. I acknowledge that the permit shall be issued for a period of not to exceed three years, and I am physically capable of driving a special vehicle in a safe manner.

I further acknowledge the Special Vehicle Permit allows me to drive said vehicle only between the hours of sunrise to sunset, and not in inclement weather or when visibility is impaired.

I further understand I must display a slow-moving vehicle emblem on the vehicle if applicable, and I must comply with all traffic laws of the City of Dundas and the State of Minnesota.

I further agree to comply with all provisions of Chapter §72.43 of the City Code.

(Date)

(Signature of Applicant)

Special Vehicle Permit Number _____

Additional Drivers over the age of 18 authorized to operate motorized ATV:

(Print Full Name) (Driver's License Number)

(Print Full Name) (Driver's License Number)

GRANT OF APPLICATION:

The applicant having complied with all provisions of Chapter §72.43 of the Dundas City Code, and having paid the permit fee of \$30.00, the applicant is hereby granted a Special Vehicle Permit to operate a motorized special vehicle, as described in the application for a three-year period expiring on June 30 of the third year.

This permit is subject to immediate administrative revocation if, in the opinion of the Chief of Police of the City of Dundas, the applicant is no longer able to safely operate the permitted vehicle on streets and roadways within the City of Dundas.

For Office Use Only

Date Filed _____ Fee Paid \$ 30.00 Receipt Number _____

Copy of Insurance Attached: Yes / No Driver's License Info: Yes / No

Police Department: Approved _____ Not Approved _____ Date: _____

by _____ Chief of Police

Permit Expires on: **June 30,** _____