

CITY OF MARCELINE
ALL-TERRAIN/UTILITY VEHICLE APPLICATION



DATE _____

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

PHONE NUMBER _____

DRIVER'S LICENCE NO _____ STATE _____

(will need valid photo id)

ALL-TERRAIN

GOLF CART

UTILITY VEHICLE

MAKE _____

MODEL _____

SIZE _____

VIN # _____

COLOR _____

INSURANCE INFO _____

By signing below the applicant acknowledges that the above information is true and accurate. Applicant further acknowledges that the operation of the All-Terrain/Utility Vehicle will be in compliance with Ordinance No. 340.110 of the City of Marceline.

APPLICANT

ALL-TERRAIN/UTILITY VEHICLE PERMIT

This permit allows: _____ to operate an all-terrain/utility vehicle within the city limits of Marceline, Missouri. The operation of such vehicle shall be in compliance with State laws and all ordinances of the City of Marceline.

WITNESS

SEAL

PERMIT NO _____

EXPIRES _____