

City of Morton
220 W Second St
PO Box 127
Morton, MN 56270
507-697-6912
mortoncityhall@mchsi.com

APPLICATION FOR SPECIALTY VEHICLE PERMIT

(Permits are for a 3-year period (January 1-December 31). Permit Fees will not be prorated if issued after January 1 during any calendar year)

APPLICANT INFORMATION:		
First Name:	Middle Name <i>(required)</i> :	Last Name:
Street Address:		
City, State, Zip:		
Telephone: Home:	Cell:	
Email:		
Driver's License No. <i>(required)</i> <i>(Must have a Valid D.L. (operating a mini-truck),</i> info D.L., reason for not having a D.L.		
Date of Birth <i>(required)</i> :		

DESCRIPTION OF RECREATIONAL VEHICLE:			
<input type="checkbox"/> ATV (\$30)	<input type="checkbox"/> Motorized Bicycle (\$30)	<input type="checkbox"/> Golf Cart (\$30)	<input checked="" type="checkbox"/> Mini-Truck (\$30)
State Registration Number:		Year:	
Engine Make:	Engine Displacement:		
Make:	Model Name:	Color:	
Serial Number:		Weight:	

INSURANCE INFORMATION:	
Name of Company:	Policy Period:
Policy Number:	Limits of Liability:
Evidence of insurance is attached? Yes No	

Please answer all questions truthfully and to the best of your knowledge. Providing false information may be cause for denial of your permit. If answering yes to any of these questions, please attach additional information to this application.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant had his or her driver's license revoked as the result of criminal proceedings?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant had his or her driver's license revoked for medical reasons?