CITY OF FORT CALHOUN
ATV & UTV APPLICATION

Name: _____

Address: _____

Drivers License #: _____

Date of Birth: _____ **Age:** _____

Insurance Company: _____

Policy #: _____

I, the owner of the all-terrain or utility-terrain, will maintain liability insurance on the above vehicle and will operate such vehicle authorized under City Ordinance No. 693 and comply with the Nebraska State Statutes.

Applicant Signature: _____ **Date:** _____

PERMIT CHECKLIST

Make: _____ **Model:** _____ **Engine:** _____

_____ **Working Headlights**

_____ **Working Tail Lights & Brake Lights**

_____ **Safety Flag (extends not less than 5 ft above ground attached to rear)**

_____ **OEM Muffler**

_____ **United States Forest Service qualified spark arrester (§60-6,358)**

Note: Registration sticker must be prominently displayed on <u>front</u> & <u>back</u> of ATV-UTV vehicle.

Registration Sticker Number: _____

Expires: **December 31, 2017**

$25 Annual License Fee Paid: _____

Copy of Proof of insurance attached: _____

Signed: _____ **Date:** _____

City of Fort Calhoun