

GOLF CART/OFF-HIGHWAY VEHICLE APPLICATION

Valid for Calendar Year _____

PAID

Permit No _____

Vehicle Owner Name		
Last _____	First _____	Middle Initial _____
Address _____		Phone _____
Date of Birth _____		Valid Driver's License No _____

Insurance Information	
Insurance (No Fault) Company _____	
Insurance Policy No _____	
Insurance Carrier/Agency Name _____	

Type of Vehicle			
Year _____	Make _____	Model _____	Color _____
Serial No _____		MN Registration No _____ (ATV Only)	
Slow Moving Vehicle Sign Yes <input type="checkbox"/> No <input type="checkbox"/>		Rear View Mirror Yes <input type="checkbox"/> No <input type="checkbox"/>	

<p>The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for a permit to operate Golf Cart and/or Off-Highway Vehicle in the city limits of Hector, you are being asked to provide private data about yourself which will be used to check various databases to determine your eligibility. You may refuse to provide this information; however, should you refuse, the driver's license check cannot be completed and your applicant will not be processed. Providing the information will permit the driver's license check to be completed. The results of the check may be either affirmative or negative. The information you provide may be shared with other law enforcement agencies, via court order or as otherwise authorized or required by law.</p> <p style="text-align: center;">I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY FUTRHERMORE; I HEREBY CERTIFY THAT THE ABOVE INFORMATONI IS TRUE AND CORREC TO THE BEST OF MY KNOWLEDGE.</p>	
APPLICANT SIGNATURE:	DATE:

Police Officer _____

Clerk/Staff _____

Date Approved _____

Permit Fee _____

Date Paid _____