OFF-ROAD UTILITY VEHICLES, GOLF CARTS, MOTORIZED WHEELCHAIRS APPLICATION / PERMIT

City of Stewartsville

| The following Special Use Permit is requested by: | | | |
|---|--------------|---|---|
| of (Full Name-Owner of Vehicle – Must be person applying) | | (Address) | |
| Phone Number | _ Driver's I | Driver's License # | |
| Type of Vehicle ID Number | | | |
| REQUIREMENTS TO OPERATE OFF-ROAD UTIL THE CITY: 1.) Operator must carry a special permit issued by the 2.) Operation of UTV, Golf Carts, and Motorized Wh | is city, and | | |
| operation, and 3.) Off-road Utility Vehicles, Golf Carts, and Motorized Wheelchairs are prohibited in city streams and City Park, and 4.) License, flag and slow moving vehicle sign are required (see Section 340.330.C), and 5.) No careless driving, and 6.) No driving under the influence of alcohol or controlled substance, and 7.) Helmet required if under eighteen years of age on UTV's, and 8.) Insurance required (A copy of your liability insurance must be with vehicle if in operation), and 9.) Passengers are prohibited unless agricultural use or if seat is designed to carry more than one person. | | | |
| | | | I understand that this permit is being issued only for the calen of each year. I also understand that the use of the off-road ut thru 340.330 and for the specific use as indicated above. The the back of this permit application in its entirety. Violations of must accompany the off-road utility vehicle, golf cart or motor |
| Signature of Applicant Pri | nt Name | Date | |
| | | | |
| TO BE FILLED OUT BY CITY Upon the Chief of Police's signature, applicant is permit requested above. Please carry a copy of this paper on th | | l utility vehicle, golf cart or motorized wheelchair as | |
| *\$15.00 fee collected by: City Clerk | | Date | |
| Chief of Police Signature as Approval | Date Valid | Date to Renew: January 1, | |
| CITY LICENSE PERMIT # | | | |

^{*} No fee for handicapped