Application and Permit

For Use and Operation of
Golf Carts, ATVs and Other Recreational Vehicles
Within the Corporate Limits of the City of Longville
Ordinance No. 11162011

Applicant First & Last Name One Person Per Application	
Street Address	
City, State & Zip Code	
Applicant Phone Number	
Nature of applicant's physical handicap, if any	
Model name, make, year and serial number of vehicle	
Current Driver's License number (or reason for not having a current driver's license)	Expiration Date:

Provide copy of Driver's License

Signed: _____ Print Name: _____
Authorized Driver or Parent/Guardian

Relationship to Driver: Self ☐ Parent/Guardian ☐

Annual Permit Fee: $5.00 Per Person ☐ Date Received: _____

Approved: _____
Christina Herheim
Longville City Clerk, Treasurer

Permit Valid From: _____ To: _____

Return to: City of Longville, PO Box 217, Longville, MN 56655 or drop off at City Hall
5043 State Highway 84, Longville, MN