



19 E. Main Street  
Kasson, MN 55944  
(507) 634-3881

# Special Vehicle Permit Application

*Instructions:* Fill out the information completely and accurately.  
Submit the application to the Kasson Police Department

### Type of Vehicle

<input type="checkbox"/>	All-Terrain Vehicle	<input type="checkbox"/>	Mini Truck
<input type="checkbox"/>	Utility Task Vehicle	<input type="checkbox"/>	Motorized Golf Cart

Application Date			
Applicant			
Address			
City	State	Zip	
Home Phone	Cell Phone	DOB	
Driver's License #	DL State	No Current DL	<input type="checkbox"/>
Reason for no current DL			
Physical handicap, if any			

### Vehicle Information

Year	Make	Model
Body Serial Number/Vehicle ID Number		
DNR Registration Number (if applicable)		

### Proof of Liability Insurance

Insurance Company		
Policy Number	Policy Expiration Date	
Agency/Agent Name	Phone Number	

I certify that I have reviewed and understand all regulations adopted in the Kasson City Ordinance regarding Special Vehicles and that all information submitted in this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit Authorization (For Official Use Only)

Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, list reason(s) for denial below
Approved/Denied By		Date	
Permit Issued Date		Permit Number	
Sent Permit		Date Sent	
Revoked		Date Revoked	