



601 Main Street | PO Box 99 | Elko New Market | MN 55020
Phone (952) 461-2777 | Fax (952) 461-2782

SPECIAL USE VEHICLE PERMIT APPLICATION

Permit # _____

APPLICANT INFORMATION (Please print):

Full Name: _____

Home Address: _____
(Street Address) (City-State-Zip)

Phone: _____ Email: _____

SPECIAL USE VEHICLE INFORMATION:

Type of Special Use Vehicle (Circle One): ATV UTV GOLF CART

(Make) (Model) (Year) (Serial Number)

INSURANCE INFORMATION:

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

ATTACH TO THIS PERMIT APPLICATION:

- Proof of Insurance for Special Use Vehicle

PERMIT PLACEMENT:

- All permits shall be issued for a specific special use vehicle. A current city-issued permit tag/sticker shall be plainly visible from the front or driver’s side of the special use vehicle.

DATA PRACTICES ADVISORY: We are requesting this data to determine your eligibility for a permit from the City of Elko New Market. Providing this data may disclose information that could cause your application to be denied. This data is not legally required, but the City will not be able to grant the permit without it. If a permit is granted, this will constitute a public record. The data is needed to distinguish this application from others, to identify this application in city permit files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements. In addition, this data can be shared by Elko New Market city staff, Department of Public Safety, Scott County staff, Bureau of Criminal Apprehension and other persons or entities deemed necessary for verification of information submitted in the application. Your signature on this application indicates that you understand these rights.

READ THE FOLLOWING STATEMENT CAREFULLY, BY SIGNING BELOW, YOU AGREE TO AND ARE BOUND BY EACH OF THEM.

I have received a copy of the City of Elko New Market's Snowmobile and Special Use Vehicle Ordinance and will familiarize myself with the contents therein, as they may be amended.

I further agree that I and all others operating the permitted special use vehicle will comply with all Federal and State laws and City of Elko New Markets' Ordinance, now in effect and as they may be amended in the future. I understand that violation of these laws may result in a suspension or revocation of the permit.

I have read the Data Privacy Notice included in this application and understand its content.

I declare that all information provided in this application is complete and truthful. I further declare that I understand that providing incomplete or false information on this application will result in denial of the application.

I hereby certify that the contents of this application are true to the best of my knowledge. I further state that I have read all relevant City Ordinances relating to the operation of special use vehicles within the City of Elko New Market, and that I understand them fully.

(Signature of Applicant)

(Date)

OFFICE USE ONLY

Permit #: _____

Payment Method: _____

Date Received: _____

Date Issued: _____

Expiration Date: December 31, 2025

Approval: _____

(City Official Signature)