



City of Le Sueur, MN
Utility Vehicle (UTV) Permit Application

\$25

Permit No. Issued: _____

Application Date: _____

Expiration Date: _____

APPLICANT INFORMATION
Applicant Name:
Street Address: City/State/Zip:
Phone: Email:
Driver's License No.:

VEHICLE INFORMATION
Make: Model: Color:
Registration State: Registration Number: Expiration:
Insurance Company: Policy Number:

- 1. Insurance verification must be completed and submitted prior to UTV permit issuance
2. Permit must be affixed to the right rear of the UTV, so law enforcement can clearly designate registration with the City.
3. Proof of insurance must be with the UTV and/or operator when in use.

I agree that if I am granted a permit, I will abide by the terms of the permit and City Ordinance 77, Utility Vehicle (UTV) regulations. I certify that the foregoing facts and statements are true, correct and complete.

Signature of Applicant or Authorized Representative

Date

OFFICE USE ONLY
Date Received: Amount Paid:
Reviewed By: Date:
Approved or Denied: Reason for Denial (if applicable):