

ATV/UTV Permit

Name

Physical Address

Mailing Address

Phone Number

Email Address

Driver's License Number

State

Insurance Provider

Policy Number

Vin/Serial Number

Make

Model

Year

Color

Registration is valid for the calendar year in which application is granted. Registration must be renewed each year

Administration Use Only

Expiration Date: 12/31/20____

Permit Number: _____

Date of Registration: ____/____/____

\$30.00 First Time Fee Paid: ____ Yes ____ No

\$25.00 Renewal Fee Paid: ____ Yes ____ No

Fee Received By: _____

ATV & UTV Vehicle Inspection

- _____ ATV/UTV 48 to 74 inches in width
- _____ ATV/UTV is less than 135 inches long
- _____ UTV dry weight of 650 to 2,000 lbs.
- _____ ATV dry weight of 0 to 900 lbs.
- _____ ATV/UTV has 4 or more low pressure tires
- _____ ATV/UTV has bench or bucket type seat for operator or operator and 1 passenger
- _____ ATV/UTV has steering wheel or handlebars or any other steering assembly for steering
- _____ ATV/UTV has valid liability insurance coverage
- _____ ATV/UTV has working head light, tail light, rear view mirror
- _____ ATV/UTV has approved rear attached flag (not less than 5 feet from ground, triangular in shape with an area of not less than 30 square inches and shall be day-glow in color)
- _____ ATV/UTV has working brake system and brake lights
- _____ ATV/UTV has good working UTV muffler
- _____ ATV/UTV does **NOT** have exhaust cutouts, bypass, straight pipe, etc.
- _____ ATV/UTV has qualified spark arrester (U.S. Forrest qualified, Reference UTV owner's manual or online) with no modifications

**ALL-TERRAIN OR UTILITY-TYPE VEHICLE DOES NOT INCLUDE GOLF CARTS,
LOW-SPEED VEHICLES, RIDING LAWNMOWERS OR MOTORIZED
WHEELCHAIRS.**

ATV & UTV Owner's Acknowledgement

I have hereby met the above requirements as set forth by the City of Dakota City, Nebraska. By my signature, I acknowledge that I have read and understand City Ordinance 892 and will abide by all requirements of this Ordinance. I further acknowledge that it is my responsibility to keep the above vehicle in its current working order. If, at any time, this vehicle no longer meets the above requirements, I must cease to operate it until it is once again in compliance with City Ordinance 892.

Owner's Signature: _____ Date: _____

Administration Use Only

Having inspected the above vehicle, I find it to be compliant with all requirements of City Ordinance 892.

Name: _____

Signature: _____

Date: _____