

# City of Fertile

P.O. Box 628  
101 S. Mill St.  
Fertile, MN 55320  
Office: 218-945-3136\*Fax: 218-945-3236  
Email: fertile@gvtel.com

## Special Vehicle Use Permit Application Instructions

1. Fill out the permit application. You will need to fill out an application for each vehicle you wish to permit. Once completed, you may email the application, print and mail it or print and drop it off at the City of Fertile.
2. Pay the \$10.00 application fee you may mail it in, or drop it off during regular business hours at the City of Fertile. Just a reminder, *the application will NOT be processed until payment has been received.*
3. When the permit application and application fee have been received, processed, and approved, you will receive a permit and year tag by mail within 3-5 days. **The permit tag must be affixed to the all-terrain vehicle, mini truck, utility task vehicle, or motorized golf cart on the most visible upper part of the rear of the vehicle on the driver's side.**

## SPECIAL VEHICLE USE PERMIT APPLICATION

- All-Terrain Vehicle   
Utility Task Vehicle   
Mini Truck   
Motorized Golf Cart   
Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 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: \_\_\_\_\_

**GOLF CART CHECKLIST**

- Submitted application with application fees
- Valid Driver's License or Doctor's Certificate required to permit and operate cart
- Proof of Insurance
- Rear view mirror
- Slow-moving vehicle sign attached to the rear of vehicle
- Brakes
- Standard muffler

**HANDICAPPED CHECKLIST**

- Doctor's certificate dated not more than 30 days prior to application date
- Has been issued a motor vehicle permit for a handicap person

**ALL-TERRAIN VEHICLES & UTILITY TASK VEHICLES CHECKLIST**

- Submitted application with application fees
- Valid Driver's License
- If 16 years of age, but less than 18 years: Need valid Driver's license, needs to wear a helmet approved by Commission of Public Safety. Completion of an independent study course component of vehicle safety training.
- Proof of Insurance
- Minnesota DNR registration, if applicable
- Standard mufflers
- Brakes
- Working head light and red tail light
- Low pressure tires: at least 4 -not more than 6

**MINI TRUCK CHECKLIST**

- Submitted application with application fees
- Proof of Insurance
- Valid Driver's License
- At least two headlamps
- At least two tail lamps
- At least two stop lamps in the rear
- Front and rear turn-signal lamps
- Exterior mirror mounted on driver's side of the vehicle and either an exterior mirror mounted on passenger's side or an interior mirror.
- Windshield
- Seat belt for driver and passenger
- Standard mufflers
- Brakes
- Horn

*I certify that I have reviewed and understand all regulations adopted in the City of Fertile Special Vehicle Use Ordinance, and that all information submitted in this application is true and correct.*

\_\_\_\_\_  
(Sign and Type Full Name Here) Date: \_\_\_\_\_

**Permit Authorization (For Department Use Only)**

Approved?  Yes  No If no, list reason(s) for denial: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Issue Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Permit Sent to Applicant? \_\_\_\_\_

Date Sent: \_\_\_\_\_

Date Revoked: \_\_\_\_\_

Revoked?  Yes  No