



CITY OF BECKER

RECREATIONAL VEHICLE REGISTRATION

APPLICATION FOR:

DATE: _____

- Class 1 ATV (4-Wheeler)
- Class 2 ATV (Side-by-Side)
- Utility Task Vehicle
- Mini Truck
- Motorized Golf Cart

APPLICANT INFORMATION:

NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

EMAIL ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

VEHICLE DESCRIPTION:

MAKE/MODEL: _____

DESCRIPTION OF VEHICLE: _____

SERIAL/VIN NUMBER: _____

INSURANCE COMPANY/POLICY NUMBER: (Attach Copy) _____

I have received, read and understand the City of Becker's Ordinance pertaining to the use of Recreational Motor Vehicles. By signing below, I agree to operate any said vehicle in compliance with the City Ordinance and Minnesota State Statutes. I also understand that a violation of City Ordinance and/or Minnesota Statutes may be grounds for revocation of my permit.

Applicant Signature: _____ **Date:** _____

Permit Issued: _____ **Permit Declined:** _____ **Permit #:** _____ **Date:** _____