



**Delano**  
MINNESOTA

## PERMIT APPLICATION

### MOTORIZED VEHICLES

Please complete and return with a \$15.00 application fee payable to City of Delano, P O Box 108, 234 – 2<sup>nd</sup> Street North, Delano, MN 55328 Office #763-972-0550.

I hereby apply for a permit to operate a Motorized Vehicle as indicated below on City Streets.

☐ **Golf Carts \*\***

☐ **Motorized Foot Scooters**

☐ **Electronic Personal Assistive Mobility Devices**

☐ **Motorized Bicycles**

☐ **Neighborhood Electronic Vehicle**

☐ **Medium Speed Electric Vehicles**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell/Mobile # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email Address \_\_\_\_\_, \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Serial Number \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_ Expiration \_\_\_\_\_

I am 18 years of age and have read/received a copy of and understand the requirements of the City of Delano's Ordinance numbers 729.01, and 730.01, including routes utilized and crossings designated by the City and operating the motorized vehicle on City Streets during daylight hours only with a slow moving vehicle emblem. Further, I understand that operation of the above indicated Motorized Vehicles must be in compliance with all applicable Federal, State, County, and City laws/ordinances. \*\*A Golf Cart must be in good mechanical condition and meet all equipment and vehicle safety requirements set forth in Code of Federal Regulations, Title 49, Section 571.500 and successor requirements. I must be licensed to operate a motor vehicle and I am required to carry evidence of a valid Driver's license and insurance while operating the motorized vehicle on designated City Streets.

The information herein is true and correct to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Staff Use: Amount Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Permit # \_\_\_\_\_