



2024 City of Starbuck Golf Cart & ATV Permit Application

Permit Fee - \$40
(Valid through 12/31/2024)

General Information			
First Name:	MI:	Last Name:	Date of Birth:
Address:		City, State, Zip:	
Phone Number:		Insurance Provider/Policy Number:	
Driver's License Number:		RV Park: _____ Hobo Park _____ Beachside RV	

Vehicle Information	
Type of Vehicle:	_____ GOLF CART _____ ATV: <i>(Circle one)</i> Class I -or- Class II (UTV)
Make of Vehicle:	Plate Number (if applicable):
Model of Vehicle:	Serial/Registration/VIN Number:
Year of Vehicle:	Color:

The following items are to be included with this application: *(Please Fill Check Boxes Once Completed)*

- Copy of Driver's License
 Proof of Insurance
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Self-Checklist: *(Complete the applicable column & place initials by each item agreeing that you understand & are in compliance.)*

GOLF CARTS: (2 Items)	ATV/UTVS (Class 1 & 2 ATV): (5 Items)
_____ Drivers of motorized golf carts who are 13 years of age, but not yet 18 years of age or who do not have a valid driver's license must be accompanied by an adult who has a valid driver's license. No one under the age of 13 years old shall operate or drive a motorized golf cart within the City limits of Starbuck.	_____ I have current registration on my ATV in compliance with MnDNR regulations.
_____ I have a slow-moving emblem as required by MN Statute 169.522.	_____ All Passengers/Operators under 18 years old must wear a DOT approved helmet at all times per MnDNR regulations.
	_____ No one will operate my ATV/UTV on public roadway without a valid driver's license per MnDNR OHV Regulations.
	_____ All Operators/Passengers born after July 1, 1987, MUST have an ATV Safety Certificate per MnDNR Regulations.
	_____ I have a rear-view mirror as required by MN Stat. 169.70

A complete copy of the City Ordinance can be found at starbuckcitygov.com or is available at the City Office.

I hereby certify that the information is true and correct, I have received and read the Starbuck ATV/UTV/GOLF CART usage brochure (driving map included), and I will abide by the City Ordinance

X _____
 Applicant Signature

X _____
 If under 18; Parent or Legal Guardian Signature

OFFICE USE:	PERMIT NUMBER: _____	PERMIT EXPIRATION DATE: DECEMBER 31, 2024	
APPROVED BY: _____	PAID: _____	DATE: _____	
ICR# _____			