



Drone Permit Within the Airspace of:

The City of Arlington

204 Shamrock Drive

Arlington, MN 55307 507-964-2378

1. Applicant Name: _____ Phone: _____

2. Address of Drone Operator/Owner: _____

3. Phone Number to Reach Operator During Equipment Use: _____

4. Date of Planned Flight: _____ / _____ / _____

5. Address or Area of Planned Flight: _____

6. Purpose of Planned Flight: _____

7. Model, ID#, Description of Drone: _____

8. Liability Insurance Carrier Information: _____

In submitting this application, I hereby agree to comply with the regulations imposed by the Arlington City Codes. Including Ordinance 303 on Drone Aerial Vehicles in the City of Arlington Airspace. I understand failure to obey such conditions will constitute a violation of the provisions of this ordinance and shall be a misdemeanor punishable in accordance with State law.

Signature: _____

Date: _____

Approved By: _____

Date: _____