



Arlington Police Department

Glenn Gerads, Chief of Police

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APPLICATION FOR GOLF CART OR ATV PERMIT

CITY OF ARLINGTON

NAME: _____

Appl. Recv'd _____

(Office Use Only)

ADDRESS: _____

TELEPHONE: _____

DRIVER'S LICENSE#: _____

INSURANCE POLICY: _____ (Copy of insurance card required)

ATTACHED PHYSICIAN'S NOTE (Physically able to operate a golf cart or ATV if on a canceled DL)

INTENDED AREAS (REASON) OF USE WITHIN THE CITY OF ARLINGTON: _____

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

APPROVED **REASON:** _____

TERM OF PERMIT: _____

PERMIT#/COLOR: _____

DENIED **REASON:** _____

\$10.00 Fee: Cash / Credit Card / Check # _____ **Date Paid:** _____

***Sticker is to be *VISIBLE TO THE REAR* (placed on back of vehicle)**