

## APPLICATION FOR ALL-TERRAIN VEHICLE PERMIT

FEE: \$ 15.00 per year  
January 1 to December 31

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Drivers License # and State of Issue: \_\_\_\_\_

Proof of Insurance: \_\_\_\_\_

I agree to abide by regulations set forth in Sections 340.110 and 340.120 of the Willow Springs Municipal Code and all state laws regulating all-terrain vehicles.

\_\_\_\_\_  
Signed - Applicant

\_\_\_\_\_  
Date

Approved by: \_\_\_\_\_  
City Clerk - City of Willow Springs

Date Approved: \_\_\_\_\_