



CITY OF SWEET SPRINGS

324 S. Miller Street
Sweet Springs, MO 65551
(660) 335-4564 • Fax (660) 335-4409

*Rich in Heritage
Reaching for Tomorrow*



DATE _____ (PERMIT VALID FOR ONE (1) YEAR)

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

VEHICLE INFORMATION

MAKE _____ YEAR _____ COLOR(S) _____

ENGINE SIZE _____ VIN/SERIAL NUMBER _____

*******VEHICLE MUST HAVE A SLOW MOVING VEHICLE AND ORANGE FLAG DISPLAYED*******

PERMIT HOLDER/DRIVER INFORMATION

PLEASE LIST ALL DRIVERS LIVING AT THE SAME ADDRESS WITH VALID STATE LICENSE

DRIVER 1: NAME _____ DL # _____

DL STATE _____ DL EXPIRATION DATE _____

DRIVER 2: NAME _____ DL # _____

DL STATE _____ DL EXPIRATION DATE _____

DRIVER 3: : NAME _____ DL # _____

DL STATE _____ DL EXPIRATION DATE _____

*******OPERATOR MUST COMPLY WITH ALL APPLICABLE CITY ORDINANCES AND STATE STATUTES*******

APPLICANT SIGNATURE: _____

BY SIGNING THIS APPLICATION, YOU AGREE TO ADHERE TO ALL CITY ORDINANCES AND STATE STATUTES WHILE OPERATING THE ATV LISTED ABOVE. A SEPARATE APPLICATION IS REQUIRED FOR EACH VIN/SERIAL NUMBER.