CITY OF HORNICK

Office of the City Clerk • PO Box 67 • 400 Main Street • Hornick, IA 51026

Phone: (712) 874-3374 • email: <u>cityofhornick@wiatel.net</u>

APPLICATION FOR PERMIT

Permit #	Year:		
Owner:			
Name:	Phone:		
Address:	Date of	Birth:	
	Driver's	License:	
	Exp. Da	te:	
Cart / Vehicle Information:			
Year: Make:	Power (Gas or Electric):	
Model:	Serial Number:		
Storage location (if different from ab	oove):		
Proof of Insurance:			
Provider:	Agent:	Phone:	
Policy #:			
It is the responsibility of the Cart, AT prove such liability is in force at all ti	·	•	
By signing this application I agree that I also understand that it is my respondent Cart, ATV, and UTV upon City st	nsibility to comply with all	rules and regulations rega	rding the operation of a
Owner Signature:		Date:	
Registration Fee- \$10.00	Permit #:		
Pormit issued by:			