

**APPLICATION FOR VEHICLE PERMIT
FOR THE CITY OF IOLA
REGULATED IN THE STANDARD TRAFFIC ORDINANCE**
Work-Site Utility Vehicle Low Speed Vehicle Micro Utility Truck Golf Cart

Applicant: _____

Address: _____

Cell Phone #: _____ Home Phone #: _____

Drivers License No: (Copy to be obtained) _____

Insurance Co. _____ Policy No. (Copy Needed) _____

Property Tax form or receipt (Copy Needed) Make _____ Model _____

VIN/SN: _____ Year: _____ Color: _____

**INSPECTION
(TO BE COMPLETED BY INSPECTING OFFICER)**

Date Inspection Performed: IPD Officer#

VIN/SN of vehicle verified:

Turn Signals Headlights Taillights Seatbelts Horn

Windshield Stoplights Wipers Reverse Lights

Driver Side Mirror Interior or Passenger Side Mirror Parking Brake

Reflex Reflector- one red on **each side** towards the rear (Low Speed Vehicle only)

Reflex Reflector- one red **on the rear** (Low Speed Vehicle only)

Slow-Moving Vehicle Emblem or Flag (Golf Carts Only)

I, _____, acknowledge that I have received a copy of the Standard Traffic Ordinance of the City of Iola. I understand that if I wish to operate this vehicle on city streets I am required to affix issued permit on the aforementioned vehicle, provide a valid driver's license and proof of insurance.

Signature of Applicant: _____

Signature of Officer: _____

Signature of City Clerk: _____

Plate number issued: Decal Date:

\$30.00 Registration Fee Paid by: Cash Check Credit Card Date: _____