APPLICATION FOR THE UTILITY TASK/SIDE-BY-SIDE VEHICLE PERMIT

The undersigned certifies that he or she is the owner of the following described UTV (Utility Task Vehicle)(Side-by-Side) and applies for a permit to use on roads in the Town of Pickens, Mississippi.

UTV Owner Name:

Address

City, State, Zip

Phone Number

Driver License Number

Driver License Expiration Date

UTV Description: Make and Model

VIN/Serial Number

Year_____ #of Wheels: _____ Color: _____

Date Permit issued: _____

Permit # Issued_____

Expiration Date__/__/____

PERMIT AGREEMENT AND CONDITIONS:

As the applicant for a Motorized UTV, permit, I agree to the following and understand that violation of the conditions of this permit or any city or state law, rule, or code may result in the suspension or revocation of the permit or other legal action.

1. I understand the permit allows for use of an off-road vehicle on designated street within the Town of Pickens.

2. Off-road vehicles may cross any street or highway at signalized intersections.

3. The operation of off-road vehicles is expressly prohibited on all public bike trails, walking trails and sidewalks.

4. Off-road vehicles may only be operated on the designated roadways from sunrise to sunset. They shall not be operated during inclement weather or when visibility is impaired by weather, smoke, fog, or other conditions, or t any time when there is insufficient light to clearly see persons and vehicles on the roadway at a distance of 500 feet.

5. The permit decal must be displayed on the left front (driver's side) of the vehicle at all times.

6. Permits are effective or one year from date of issue.

7. I understand and agree to fallow all MS traffic laws and the conditions set forth in the city UTV ordinance.

DO YOU HAVE ANY MEDICAL CONDITIONS THAT PREVENT YOU FROM DRIVING A UTV?

YES___ NO___ IF YES PLEASE EXPLAIN_____

DO YOU HOLD A DRIVERS LICENSE THAT IS CURRENTLY REVOKED, SUSPENDED, OR CANCELLED DUE TO ALCOHOL, CONTROLLED SUBSTANCE, OR INTOXICATING SUBSTANCE?

YES___ NO___

***IF YOUR LICENSE BECOMES REVOKED SUSPENDED OR CANCELLED DUE TO AN ALCHOHOL, CONTROLLED SUBSTANCE, OR INTOXICATD SUBSTANCE VIOLATION YOUR TOWN UTV PERMIT BECOMES INVALID

PERMIT AGREEMENT AND CONDITIONS:

I_____, CERTIFY THAT THE ABOVE DESCRIBED UTV IS EQUIPPED IN ACCORDANCE WITH THE REQUIREMENTS OF THE TOWN OF PICKENS. AND AGREE TO OPERATE SAID UTV AND TO USE IN ACCORDANCE WITH SAID RULES AND ALL OTHER APPLICABLE LAWS, RULES AND REGULATIONS. I AGREE TO DEFEND, IMDEMIFY, AND HOLD THE TOWN OF PICKENS FREE OF ANY LIABILITY OF INJURY TO PERSON OR PROPERTY. ARISING OUT OF THE USE OF SAID UTV CAUSED BY REASON OF NEGLECT, WROGFUL OR UNLAWFUL ACT OF MINE OR ANY PERSON USING SAID UTV UNDER MY CONTROL OR SUPERVISION OR WITH MY ACTUL OR IMPLIED CONSENT

_____

(SIGNATURE OF OWNER)

DATE_____

_____

(SIGNATURE OF DEPUTY CLERK)

_____

(SIGNATURE OF TOWN CLERK)