



# CITY OF WRIGHT CITY UTV PERMIT APPLICATION

City of Wright City  
636 Westwoods Rd  
Wright City, MO 63390  
636-745-3101

**APPLICATION WILL ONLY BE ACCEPTED IF ALL DOCUMENTATION IS PROVIDED. NO EXCEPTIONS.**

**AN INSPECTION OF THE UTV WILL BE CONDUCTED AT TIME APPLICATION IS SUBMITTED.**

I hereby request an UTV Permit for the year \_\_\_\_\_.

Permit Fee \$25.00

**APPLICANT/OWNER INFORMATION:**

**PRINT CLEARLY**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**\*\* A COPY OF YOUR DRIVERS LICENSE WILL BE REQUIRED**

**VEHICLE INSURANCE INFORMATION:**

Insurance Company: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**\*\*PROOF OF INSURANCE WILL BE REQUIRED (referenced by the serial number and year of model)**

**OFF-ROAD UTILITY VEHICLE INFORMATION:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

VIN/Serial Number: \_\_\_\_\_

**\*\* PROOF OF PAYMENT OF REGISTRATION AND PAYMENT OF ALL FEES AN TAXES RELATED TO UTV ARE REQUIRED**

.....  
**PERMIT AGREEMENT AND CONDITONS:**  
.....

**Please acknowledge the following by placing your initials on the line preceding the statement:**

\_\_\_ I acknowledge I have received and read a copy of the City of Wright City Off-Road Utility Vehicle and Golf Cart Ordinance and will abide by the regulations set forth in the Ordinance.

\_\_\_ I understand the permit allows for use of an off-road vehicle on designated streets within the City of Wright City and shall be operated at the speeds defined in Ordinance \_\_\_.

\_\_\_ Operators of vehicles using the City's streets, avenues, or roadways pursuant to a special permit issued hereunder shall comply with all traffic laws contained in Title III, Traffic Code, of the Wright City Municipal Code.

\_\_\_ The operation of off-road vehicles is expressly prohibited in all City Parks and on all public bike trails, walking trails, and sidewalks.

\_\_\_ I agree to affix the reflective permit on the rear of the vehicle prominently displayed for Law Enforcement.

\_\_\_ Every off-road vehicle operator shall have proof of insurance in possession while operating the off-road vehicle on designated streets and shall produce such proof of insurance on demand by Law Enforcement.

\_\_\_ Every off-road vehicle operator shall have a valid drivers license in possession while operating the off-road vehicle on designated streets and shall produce such proof of insurance on demand by Law Enforcement.

\_\_\_ I understand the Permit is effective until December 31<sup>st</sup> of applied calendar year.

\_\_\_ As the applicant I am current on all city taxes and user fees to the best of my knowledge.

\_\_\_ I understand and agree to follow all Wright City traffic laws and the conditions set forth in city code Section 340.

\_\_\_ I understand that permits may be suspended or revoked upon violation(s) of the conditions of the permit or abuse of permit privileges. There will be no refund of the permit fee.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Abbie Ogborn, City Clerk

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

**For questions regarding the permit application contact City Clerk Abbie Ogborn at 636-745-3101**

.....  
**Inspector Use Only**

\_\_\_ Operational Mufflers \_\_\_ Exhaust Pipes \_\_\_ Reflectors \_\_\_ Single or dual seal beam headlight system

\_\_\_ taillights \_\_\_ Either a DayGlo triangular flag (located at least seven (7) feet above the ground) or slow-moving vehicle triangle (indicate which is being used)

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Application received: \_\_\_\_\_ By: \_\_\_\_\_

Proof of Insurance: \_\_\_\_\_ Driver's License: \_\_\_\_\_ Proof of registration/payment of vehicle \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Method: \_\_\_\_\_ Receipt: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration: December 31, \_\_\_\_\_ Permit Number: UTV - \_\_\_\_\_