VILLAGE OF SMITHTON

ALTERNATIVE TRANSPORTATION PERMIT APPLICATION / INSPECTION REPORT

Permit #: Date:							
Applicant:							
	(LAST NAME)	AST NAME) (FIRST NAME)					
Address:							
Telephone:							
Email:							
	Smithton Re	sident/\$25 Fe	e	_ Non-Residen	t/\$30 Fee		
Driver's License #	·						
Vehicle:	Make/Model:						
Serial No.:							
2. After inspection br	ONS: portion of the permit applic ing this application along v ge Hall, 101 S. Main St., Sm	with current proof o	of insurance, drive	er's license, and pay	ment in person to		
	ALTERNATIVE TRA	NSPORTATIO	N INSPECTION	N REPORT			
Please check (X) to	o indicate complianc	e:					
Horn		Steering Appar	ratus	Headlights			
Brakes		Rubber Tires		Taillights			
Turn Signal		Rearview Mirr					
Windshield			Seat Belts				
Slow Moving Vehicle Emblem Proof of Insurance NOTES:							
by Village ordinan	bed above was inspected for operation with			ith regulations	set forth		
Inspector Signatu	re:						
Date of Inspection	n:	Insp	ection Type:	New _	Renewal		
This permit expire	es April 30,	_•					
Permit. I understan permit annually, wh	read the Village of Sm d that if I operate this nich requires an inspec ate insurance in accord	vehicle on Villag tion and proof c	ge streets, that of insurance. By	I am required to right signing this app	renew this		
Signature:							
Office Use Only:							
Proof of Insurance	(Photocop						
Driver's License	(Photocop	y attached)	Paid				
Village Representat	tive:						

Alternative Transportation Requirement Checklist

 Horn	S	Steering Apparatus		Headlights			
 Brakes	R	Rubber Tires		Taillights			
 Turn Signals	R	Rearview Mirror		Brake Lights			
 Windshield	S	Seat Belts					
 Slow Moving Vehicle Emblem							
 Proof of Insurance							
Valid Driver's License							