

## Environmental Services Renville County Government Services Center 105 - 5th Street South, Suite 311, Olivia, MN 56277 320-523-3768 svupermit@renvillecountymn.gov

## **Special Vehicle Use Permit Application Instructions**

- Fill out the online permit application. You will need to fill out an application for each vehicle you wish to permit. Once completed, you may email the application, print, and mail it in, or print and drop it off at the Environmental Services office, located in the Renville County Government Services Center, 105 South 5<sup>th</sup> Street, Suite 311, Olivia, Minnesota.
- 2. Pay the \$10.00 two-year application fee. This may be done online using our Point & Pay\* system found at: <a href="https://client.pointandpay.net/web/RenvilleCoECDDMN">https://client.pointandpay.net/web/RenvilleCoECDDMN</a>, or you may mail it in, or drop it off during regular business hours at the Environmental Services office. Just a reminder, the application will NOT be processed until payment has been received.
- 3. When the permit application and application fee have been received, processed, and approved, you will receive a permit sticker. You will receive a permit sticker by mail within 3-5 days. The permit sticker must be located on a plate that is clearly visible on the rear of the all-terrain vehicle, mini truck, utility task vehicle, or motorized golf cart.

\*Point & Pay, a wholly owned subsidiary of North American Bancard, allows use of credit cards, debit cards, and electronic checks online, by phone, or in-person to make payments. Acceptable credit cards include Discover, MasterCard, Visa, and American Express. In addition to the \$10.00 application fee, an individual paying by one of these methods will be charged a convenience fee of \$1.50.



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## SPECIAL VEHICLE USE PERMIT APPLICATION

Vehicle Owner Information: Name:		Utility Ta	ain Vehicle
Address:		State:	Zip:
Phone Number:			
Vehicle Information			
Year: Make:	Model:		
Body Serial Number/Vehicle ID N			
DNR Registration Number (If Application			
Proof of Liability Insurance			
Insurance Company:			
Policy Number:			
Agency/Agent Name:			
I certify that I have reviewed and special Vehicle Use on Designate County Roadway Map, and that a	d County Roadways Ordinance Il information submitted in this	e, including the	e Designated true and correct.
(Sign or Type Full Name Here)			
Permit A	Authorization (For Department Us	se Only)	
Approved? Yes No (i	f no, list reason(s) for denial):		
Approved by:	Date:		
Permit Issue Date:	Permi	t Number:	
Permit Sent to Applicant?	Date Se	nt:	
Revoked?	Date Revoked:		