



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**

1. 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 56277.
2. Pay the \$10.00 two-year application fee. This may be done online at: <https://www.renvillecountymn.gov/i-want-to/pay/> (convenience fees apply); 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.



**Renville**  
COUNTY  
Service · Stewardship · Shared Responsibility

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## **SPECIAL VEHICLE USE PERMIT APPLICATION**

All-Terrain Vehicle ☐  
Utility Task Vehicle ☐  
Mini Truck ☐  
Motorized Golf Cart ☐

### **Vehicle Owner Information:**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### **Vehicle Information**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Body Serial Number/Vehicle ID Number: \_\_\_\_\_

DNR Registration Number (If Applicable): \_\_\_\_\_

### **Proof of Liability Insurance**

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

Policy Number: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Agency/Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I certify that I have reviewed and understand all regulations adopted in the Renville County Special Vehicle Use on Designated County Roadways Ordinance, including the Designated County Roadway Map, and that all information submitted in this application is true and correct.*

\_\_\_\_\_  
(Sign or Type Full Name Here) Date: \_\_\_\_\_

### **Permit Authorization (For Department Use Only)**

Approved?      Yes      No      (if no, list reason(s) for denial): \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Issue Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Permit Sent to Applicant? \_\_\_\_\_ Date Sent: \_\_\_\_\_

Revoked? \_\_\_\_\_ Date Revoked: \_\_\_\_\_