

APPLICATION FOR OPERATION OF RECREATIONAL VEHICLE LICENSE

COVERING THE PERIOD OF JANUARY 1, 20__ THROUGH DECEMBER 31, 20__

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions and submit all required documents at the time of application; or your application will be deemed incomplete and will not be processed.

Name (Last, First, Middle):		Other names under which you may have used:	
Home Address:		City, State & Zip:	
Home Phone:	Work Phone:	Other Phone:	Driver License Number:

THE FOLLOWING ITEMS MUST BE COMPLETE AND/OR ACCOMPANY THE COMPLETED

1. License Fee - \$5.00 Per Year
 2. If physically disabled, certification from licensed physician stating applicant ability to operate Recreational Vehicle on roadways.
 3. The Recreational Vehicle has been equipped with a rear mirror and a slow moving vehicle sign. Yes No
 5. The Recreational Vehicle is covered by insurance. Yes No
- Name of Company _____
- Policy Number _____

**Make check or money order payable to City of Vesta and return to the office of the City Clerk
150 Front St. West Vesta, MN 56292**

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief, and that the Common Council of the City of Vesta may rely on the accuracy of such information provided in Determining whether or not a license should be issued.

Signature of Applicant	Date of application
Subscribed and sworn to before me	
This _____ day of _____, 20__	
Notary Public	

RIGHTS OF SUBJECTS OF GOVERNMENT DATA

**LICENSE AND PERMIT DATA
"TENNESSEN WARNING"**

In accordance with the Minnesota Government Data Practices Act, the City of Vesta is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public: and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

**PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION
PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION**

(MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Vesta License or Permit. If you do not supply the required information, the City of Vesta will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

**THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.**

THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.

To exercise these rights, contact the City Clerk's Office, 150 Front St. West, Vesta MN 56292

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I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature)

(Date)