



For Internal Use- lic\nonbu	
Fee Collected: \$ _____	Date: ____/____/____
Receipt #: _____	By: _____

VEHICLE RESTORATION PERMIT

APPLICANT INFORMATION			
LAST	FIRST	MIDDLE	DATE OF BIRTH
MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP)			
HOME PHONE ()		BUSINESS PHONE ()	

VEHICLE INFORMATION				
VIN				
STATE	LICENSE	YEAR	COLOR	STYLE
MAKE			MODEL	
ADDRESS VEHICLE WILL BE STORED AT (STREET, CITY, STATE, ZIP)				

REGISTERED OWNER	LEGAL OWNER	DRIVER (IF DIFFERENT)
NAME	NAME	NAME
STREET	STREET	STREET
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH

INFORMATION ABOUT VEHICLE / WORK TO BE DONE

This application for permit may only be filed by the registered owner, legal owner, a person authorized in writing by the registered owner, vehicle insurance company, or by someone who has purchased the vehicle with proof of purchase.

This permit is valid for a term of 2 months (60 days) from date of issuance and is not renewable.

Any person possessing a valid and current permit issued pursuant to the provisions of CMC 8.08.110 shall not be subject to the provisions regulating junk vehicles during the term of such permit. (Ord. 1626 § 11, 1986)

APPLICANT SIGNATURE **X**

DATE
