City of Ingleside
City Hall
2671 San Angelo Ave
(361)-776-2517

Ingleside Development Service
Code Compliance Division
2665 San Angelo Ave
(361)-776-7687

APPLICATION FOR UNIQUE VEHICLE PERMIT

NAME:_____
LAST FIRST MIDDLE

OWNER ADDRESS:_____
NUMBER/STREET CITY/STATE/ZIP

ADDRESS WHERE VEHICLE IS NORMALLY KEPT:_____
CHECK BOX IF SAME AS OWNER ADDRESS ☐ NUMBER/STREET CITY/STATE/ZIP

PHONE NUMBER(S):_____
CELL HOME WORK

OWNER'S DRIVER'S LICENSE:_____
**COPY OF LICENSE REQUIRED WITH APPLICATION* LICENSE NUMBER ISSUING STATE

PROOF OF FINANCIAL RESPONSIBILITY:_____
**COPY REQUIRED WITH APPLICATION* COMPANY POLICY NUMBER

MAKE/MANUFACTURER:_____ MODEL/YEAR:_____ COLOR:_____

VIN or SERIAL NUMBER:_____ SEATS:_____ LICENSE PLATE:_____

SELECT VEHICLE TYPE: GOLF CART ☐ NEIGHBORHOOD ELECTRIC VEHICLE ☐ UTILITY VEHICLE ☐ SAND-RAIL ☐
RECREATIONAL OFF-HIGHWAY VEHICLE ☐ ALL-TERRAIN VEHICLE (ATV) ☐

DECLORATION: I, the undersigned applicant for a Unique Vehicle Permit, swear or affirm that I have received a copy of the City of Ingleside Code of Ordinances, Chapter 62 (Sections 62-200 through 62-207 inclusive). I understand that the authority to operate this vehicle within the City of Ingleside is a revocable privilege granted only upon compliance with the terms of the City Code regarding operation of this vehicle, within the City of Ingleside, within the time period granted by the permit. I understand that failure to operate this vehicle in accordance with the City Code may result in criminal and/or civil liability, up to and including fines, vehicle impoundment, and/or revocation of my permit to operate this vehicle within the City of Ingleside.

I understand, as the owner and/or operator of a "Unique Vehicle" which is operated within the City of Ingleside, that I have certain duties and obligations that are stated in the City of Ingleside Code of Ordinances as well as the rules of the road set forth in the Texas Transportation Code. I fully understand my duties and obligations and agree to abide by those duties and obligations for the duration of the license period.

I swear of affirm that the "Unique Vehicle" I wish to permit within the City of Ingleside meets all safety standards and is properly equipped with all safety equipment required by the City Code; specifically, that said vehicle is outfitted with the following safety equipment and that all safety equipment is fully operational. **This checklist should be completed by the inspecting officer, signed with badge # and dated.**

HEAD LIGHTS ☐ **TAILLIGHTS** ☐ **TURN SIGNALS (if turn signals are not equipped, hand signals must be used)** ☐ **REFLECTORS** ☐

PARKING BRAKE ☐ **REARVIEW MIRROR** ☐ **SAFETY BELTS ON EACH BUILT IN SEAT (not required on ATV)** ☐ **REFLECTIVE TRIANGE** ☐

DOT HELMET (Required for ATV, optional for others) ☐

Inspecting Officer's Signature Badge # Date mm/dd/yy

I further swear of affirm that I have read all the above, and that said vehicle is in compliance with all listed City equipment regulations and the Texas Motor Vehicle Safety Responsibility Act – Texas Transportation Code Section 601.051. I do swear or affirm that the facts and statements contained herein are true and correct to the best of my knowledge, and I understand that any falsifications or misrepresentations may be subject to criminal and/or civil penalties as provided by Texas Penal Code Section 37.10 (Tampering with a Governmental Record) and revocation of my permit.

PRINT NAME SIGNATURE DATE

CITY HALL STAFF USE ONLY

PERMIT NUMBER: ISSUER'S NAME: ISSUER SIGNATURE:

ISSUE DATE: EXPIRATION DATE: PAYMENT TYPE (CASH, CHECK #, OR CARD #:

PERMIT FEE (CHECK ONE): $25.00(NEW/ANNUAL FEE:_____ $15.00 (REPLACEMENT, MUST BE VERIFIED):_____