

**CITY OF GRAIN VALLEY  
NEIGHBORHOOD VEHICLE & UTV REGISTRATION APPLICATION**

**TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK**

*License Fee Due Upon Application and Is Not Refundable*

Please check one:  New Application  Renewal Application

**OWNER INFORMATION**

\_\_\_\_\_  
First Name Last Name Driver's License Number State of Issuance

\_\_\_\_\_  
Street Address City State Zip Code

*\_\_\_\_ Check if Location of Neighborhood Vehicle/UTV if different than Street Address & provide storing address*

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Phone Number Email Address

**VEHICLE INFORMATION**

Check the box next to the description that most describes the vehicle being registered as per Chapter 386 of the Grain Valley Municipal Code:

Neighborhood Vehicle, low speed vehicle, golf cart  Utility Terrain Vehicle, UTV, Side-by-Side

\_\_\_\_\_  
Make/Model Year of Manufacture Color/description VIN/Serial Number

\_\_\_\_\_  
Insurance Carrier Name Policy Number Insurance Carrier's Phone Number

**ADDITIONAL DOCUMENTS REQUIRED**

A copy of the owner's valid driver's license

Proof of ownership

Copy of the current insurance policy showing listing the neighborhood vehicle/UTV including the serial number/VIN Number and year of model

## ACKNOWLEDGEMENTS

I (we), the undersigned, do hereby authorize submittal of this application and associated documents and certify and affirm by my signature that all information I have provided is true and correct. I do hereby agree to abide by all applicable City of Grain Valley Codes and conditions of approval.

Initials \_\_\_\_\_

I further understand that any violations of the City of Grain Valley codes and conditions of approval could be cause for revocation of this permit.

Initials \_\_\_\_\_

I understand this application is non-transferable and that changes may require submittal of a new application. I understand that in any case this application must be renewed by April 30<sup>th</sup> of the next even numbered year.

Initials \_\_\_\_\_

**I do authorize the submittal of this application and associated documents and certify and affirm by my signature that all information provided on this application is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Return this application and all required documents to the Grain Valley Police Department at the address below. For questions about this application, please contact the Police Department at (816) 847-6250.

### FOR POLICE DEPARTMENT USE ONLY- **VISUAL** VEHICLE INSPECTION CHECKLIST

#### Pass Fail

- Lighted headlamp & Tail lamp
- Brake lights in working order
- Mechanical turn signals front and back
- Seat belt(s) for the operator and passengers
- A braking system
- A muffler present
- Slow-moving emblem in conformity with Section 307.127, RSMo., or a bicycle safety flag to extend not less than seven (7) feet above the ground, attached to the rear of the vehicle.

Comments:

#### Police Department Review

[ ] APPROVED [ ] DENIED (reasons listed above)

\_\_\_\_\_  
Police Department Designee

\_\_\_\_\_  
Date

#### Payment Type

- \_\_\_ Even year 2-year permit fee \$30.00
- \_\_\_ Odd year 1 year permit fee \$15.00
- [ ] Cash [ ] Money Order [ ] Cashier's Check\* # \_\_\_\_\_  
*\*payable to the City of Grain Valley*
- [ ] Credit Card- Please call for payment  
at: \_\_\_\_\_

719 R.D.Mize Rd.  
Grain Valley, MO 64029  
816.847.6250  
[Cityofgrainvalley.org](http://Cityofgrainvalley.org)