



**THE RURAL MUNICIPALITY OF VICTORIA BEACH**

705 - 1661 PORTAGE AVENUE

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**MOTOR VEHICLE PERMIT APPLICATION  
MEDICAL PERMIT RENEWAL**

This form is for Victoria Beach taxpayers who have previously obtained a **Medical Permit**. Please complete this form if you still require a Medical Pass. The confirmation from your doctor is **NOT** required.

I hereby apply for a permit to operate a Motor Vehicle within the limits of the Rural Municipality of Victoria Beach, in accordance with the provisions of By-Law no. 1588

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

Beach Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Beach Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Vehicle(s) to which Medical Permit would attach:

<u>YEAR</u>	<u>MAKE</u>	<u>TYPE</u>	<u>COLOR</u>	<u>LICENCE NO.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_