



Name:			
Address:			
City:		State	Zip:
Telephone:	_ Cell Phone:		
E-mail address:(Mandatory, as information			
Are you at least 18 years old as of 9/13/2025?	Yes	No	
Signature		Date	
Return application along with a \$20.00 nonrefur	ndable applicat	ion fee by Friday	, August 1, 2025 to:
Ortonv	ille City De	er Hunt	

437 North Minnesota Street Ortonville, MN 56278

For questions, please call the Ortonville City Office @ 320-839-3428