



CITY OF NEW RICHLAND

GOLF CART PERMIT APPLICATION

SECTION 1: APPLICANT INFORMATION **** PLEASE INCLUDE COPY OF DRIVERS LICENSE ****

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS		CITY	STATE
		ZIP	
CELL PHONE	HOME PHONE	DRIVERS LICENSE #	DL STATE

SECTION 2: GOLF CART INFORMATION

MAKE	MODEL	YEAR	SERIAL #	COLOR
OCCUPANCY (# of seats)	DESCRIPTION		DNR REGISTRATION (if applicable)	

SECTION 3: INSURANCE INFORMATION **** PLEASE INCLUDE COPY OF GOLF CART INSURANCE CERTIFICATE ****

INSURANCE COMPANY	POLICY #	AGENT	AGENT PHONE
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SECTION 4: APPLICANT ACKNOWLEDGEMENT AND UNDERSTANDING

ANNUAL PERMIT AND REGISTRATION FEE: \$10.00

I have received, read and understand the City of New Richland’s Ordinance pertaining to Motorized Golf Carts. By signing below, I agree to operate my Motorized Golf Cart in compliance with said City Ordinance and Minnesota Statutes. I also understand that violation of City Ordinance and/or Minnesota Statutes may be ground for revocation of my Motorized Golf Cart Permit.



APPLICANT SIGNATURE: _____

APPLICANT EMAIL: _____

DATE: _____

CITY OF NEW RICHLAND USE ONLY		
DATE RECEIVED	<input type="radio"/> COPY OF DL <input type="radio"/> COPY OF INSURANCE	<input type="radio"/> \$10 PERMIT FEE
APPROVED BY NRPD <input type="radio"/> _____	PERMIT #	DATE PERMIT ISSUED