



GOLF CART PERMIT APPLICATION

SECTION 1: APPLICANT INFORMATION ** PLEASE INCLUDE COPY OF DRIVERS LICENSE **				
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIR	
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	
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 Statues 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