

## **Application for Golf Cart Permit**

Name:	Permit Number:
Address:	<u> </u>
Phone:	Date Permit Issued:
DL #:	Date Permit Expires:
Golf Cart Information	
Make/ Model:	
Year:	
Serial Number:	
Insurance Information	
Policy Holder Name:	
Insurance Company:	
Policy Number:	
golf cart to be operated upon all City streety ears. Such Registration Number shall be plasso as to be clearly visible to any enforcement MINIMUM OF TWO INCHES TALL, ONE INCHESTALL, ONE INCHESTALL, Proof of Insurance must be kept in	istration/Permit number may be issued allowing the ets, alleys and public ways for a period of TWO (2) acced to be plainly visible on the cart's front cowling at official. THE REGISTRATION NUMBERS SHALL BE A CH IN WIDTH, AND BLACK IN COLOR ON A WHITE OF THE OWNER TO DISPLAY THE REGISTRATION in the golf cart. The biennial City Registration/Permit rough April 31st for a two year period.
Signature of Applicant	Date
Approved by Clerk	
 Signature	Date