

PERMIT NUMBER: _____ (For Office
Use Only)



GOLF CART PERMIT APPLICATION

City of Effingham, 201 E. Jefferson Ave., Effingham, IL 62401

PURPOSE: This application is for a permit to operate a "Golf Cart" on the City of Effingham streets and alleys in accordance with the City of Effingham Ordinance No. 057-2022.

APPLICANT INFORMATION:

| | |
|------------------------------|--|
| NAME: | |
| ADDRESS: | |
| CITY, STATE, ZIP: | |
| DATE OF BIRTH: | |
| PRIMARY PHONE: | |
| OTHER PHONE: | |
| DRIVER'S LICENSE NUMBER: | |
| EXPIRATION DATE: | |
| LIABILITY INSURANCE CARRIER: | |
| POLICY NUMBER: | |

GOLF CART INFORMATION:

| | |
|-----------------------|--|
| MAKE: | |
| MODEL: | |
| COLOR: | |
| SERIAL NUMBER: | |
| NUMBER OF SEAT BELTS: | |

I, _____, hereby acknowledge receipt of a copy of the City of Effingham Ordinance No. 057-2022 and affirm that all information provided above to be true and factual.

STICKER FEE: \$50.00 (\$40.00 for ages 62 years and older)

AMOUNT PAID:

CASH:

CHECK NUMBER: _____

SIGNATURE OF APPLICANT:

DATE:

PERMIT EXPIRATION DATE: SEPTEMBER 30, 2025

Approved

Denied



GOLF CART INSPECTION CHECKLIST

City of Effingham, 201 E. Jefferson Ave., Effingham, IL 62401

To be completed by Inspector:

| | | | |
|---|--|-----------------------------------|--|
| Brakes | | Rear-view mirror | |
| Steering apparatus | | Brake lights on rear | |
| Tires | | Turn signals on front and rear | |
| Seat belts for all occupants | | Child restraints when appropriate | |
| Red reflectorized warning device on front and rear | | | |
| Slow-moving emblem as required by 625 ILCS 5.0/12-709 attached to rear | | | |
| Head light that emits white light visible from at least 500 feet to the front | | | |
| Tail lamp that emits red light visible from at least 100 feet from the rear | | | |

| | |
|--|--|
| Attach copy of liability insurance policy as required under 625 ILCS 5.0/7-601 specifically for vehicle to be operated within the City of Effingham: | |
| Attach original executed Unconditional and Full General Release of Liability, Waiver, Discharge, and Covenant Not to Sue: | |

| | |
|----------------------------|--|
| DATE: | |
| PRINTED NAME OF APPLICANT: | |
| SIGNATURE OF APPLICANT: | |

| | | | |
|-------------------------|--|--------------|--|
| SIGNATURE OF INSPECTOR: | | EMPLOYEE ID: | |
|-------------------------|--|--------------|--|