PERMIT NUMBER: _____ (For Office



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:	

______, hereby acknowledge receipt of a copy of the City of Effingham l, _____ 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 an	nd older) AMOUNT PAID:	
	CASH:	
	CHECK NUMBER:	

SIGNATURE OF APPLICANT:		DATE:			
PERMIT EXPIRATION DATE: SEPTEMBER 30, 2024					

Denied

PD Resources/Records Share/Golf Cart Permit Application 08/22/22



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:	
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