



City of Johnson City
Application for
GOLF CART PERMIT

APPLICANT INFORMATION

Applicant: _____

Address: _____

Phone: _____ Email: _____

Insurance Company and Address: _____

1) Golf Cart Make: _____ Model: _____ Year: _____ Color: _____

VIN or Serial Number: _____ Number of Seats: _____

2) Golf Cart Make: _____ Model: _____ Year: _____ Color: _____

VIN or Serial Number: _____ Number of Seats: _____

APPLICANT ACKNOWLEDGMENT AND AGREEMENT

I, the undersigned applicant, acknowledge that I have received a copy of the City of Johnson City Golf Cart Ordinance. I understand and agree to the terms of the Ordinance. I understand that the authority to operate a golf cart within the City of Johnson City is a revocable privilege granted only upon compliance with the terms of the City ordinance. I understand my failure to operate a golf cart in accordance with the City ordinance may result in criminal and/or civil liability including fine, vehicle impoundment, and/or revocation of my permit/privilege to operate a golf cart within the City of Johnson City.

I understand that as the owner and/or operator of a golf cart that is operated within the City of Johnson City, I have certain duties and obligations as contained in the Golf Ordinance, specifically that said golf cart(s) is (are) outfitted with the following safety equipment and that all safety equipment is fully operational: headlamps, tail lamps, side reflectors, parking brake and rearview mirror.

I further affirm that said golf cart(s) are insured or bonded in accordance with Texas state laws governing minimum insurance/financial responsibility laws for motor vehicles.

In this application, I do acknowledge that all the facts and statements contained herein are true and correct, and I understand that any falsification or misrepresentation may be subject to civil or criminal penalties and/or revocation of my golf cart permit.

Signature _____

Date _____

Printed Name _____

APPLICATION CHECKLIST - Items required for application.

Check if requirement met:

- _____ Driver's License
- _____ Proof of Insurance
- _____ Golf Cart Equipment:
 - _____ Two headlamps
 - _____ Two tail lamps
 - _____ Two side reflectors -- front and back
 - _____ Rearview mirror
 - _____ Parking brake
 - _____ Slow-moving vehicle emblem

APPLICATION REVIEW PROCESS AND DECISION

Do Not Write Below – Staff Use Only

Date of Application: _____

Fee Paid and Amount: _____

Review and Action Taken:

Date of Approval: _____

Permit(s) Issued: _____

Permit Expiration Date(s): _____

Date of Denial: _____

Reasons for Denial: _____

City Representative (name, title): _____