



MOTORIZED GOLF CART PERMIT APPLICATION

APPLICATION DATE: _____

BACKGROUND INVESTIGATION FEE (NON-REFUNDABLE): **\$60.00**

APPLICANT INFORMATION

Applicant Legal Name (first, middle, maiden/last): _____

Applicant Date of Birth: _____ Driver's License #: _____

Applicant Street Address: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Insurance Company Name: _____ Agent/Insurance Company's Phone #: _____

Policy #: _____ Expiration Date: _____

MOTORIZED GOLF CART INFORMATION

Make: _____ Model: _____ Color: _____

ID#: _____ Engine or Motor Size: _____

I hereby agree that the above information is true and correct, to the best of my knowledge. I understand that if a Motorized Golf Cart (Vehicle) Permit is granted, I must:

1. *Keep my liability insurance and driver's license current and/or valid;*
2. *Will be the only person authorized to operate the above listed motorized vehicle;*
3. *Keep my motorized vehicle and associated equipment in good working order (head lights, tail lights, brake lights & rear view mirror);*
4. *Follow and obey all State and City traffic laws, in regards to the operation of this motorized vehicle.*

A SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Application Received: _____ Date Paid: _____

Amount Paid: _____ Method of Payment: _____

Date Background Check Completed: _____ Investigating Officer: _____

Permit Approved/Denied: Approved Permit Date Issued: _____

Denied Reason for Denial: _____

Decision by: _____ Signature: _____