

# 2024 GOLF CART REGISTRATION APPLICATION

Owner/Operator's Name: \_\_\_\_\_

Address and PO Box Number, if applicable: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Operator's Driver License Number: \_\_\_\_\_

## GOLF CART:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

*Requirements: Rear View Mirror, Safety Flag needs to meet the following guidelines: the top needs to be a minimum of 5 feet from the ground level and extends a minimum of 2 feet above the highest point of the golf cart, Brakes.*

INSURANCE COMPANY: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Expiration of Insurance Coverage: \_\_\_\_\_

<Please include insurance information with Application.>

I attest that all information is true and accurate to the best of my knowledge.

Owner/Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\$25 Fee Expires 12/31/2024\*\***

**Please contact City Hall to set up Inspection.**

**This box is for OFFICE USE ONLY.**

DATE RECEIVED \_\_\_\_\_ | Office VERIFY Insurance is in Effect for Golf Cart and On File

Fee \$25.00 Received  Payment Type – Cash \_\_\_\_\_ Check Number \_\_\_\_\_ Online Pmt \_\_\_\_\_

Golf Cart Inspection Date: \_\_\_\_\_ Permit/Tag # Issued: \_\_\_\_\_

City Staff Initials: \_\_\_\_\_ Date Issued: \_\_\_\_\_