

2025 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 12/31/2025****

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: _____