



GOLF CART PERMIT APPLICATION

Owner Name:	
Address:	
Phone:	Email:

Golf Cart VIN:	
Make:	Model:
Manufacturer (cannot exceed 25 mph):	

Insurance Company:	
Policy #:	Expiration Date:

OFFICE USE ONLY

<input type="checkbox"/> Proof of Insurance
<input type="checkbox"/> Cart designed for two people
<input type="checkbox"/> Covered Passenger Compartment (roof)
<input type="checkbox"/> Windshield
<input type="checkbox"/> Seat Belts
<input type="checkbox"/> Headlights
<input type="checkbox"/> Red Reflectors
<input type="checkbox"/> Front and Rear Turn Signals
<input type="checkbox"/> Parking Brake
<input type="checkbox"/> Horn
<input type="checkbox"/> Mirrors (left and right side or left and rear or multi-directional cross bar mirror)

Permit #	Decal #
Inspection Date:	Officer: