

CITY OF CHARITON GOLF CART PERMIT

Date: _____

Name of Applicant: (PLEASE PRINT) _____

Address of Applicant: _____

Phone Number of Applicant: _____

Date of Birth: _____ Current Age: _____

Driver's License #: _____ Expiration Date: _____

Name of Golf Cart Owner: _____

Phone Number of Golf Cart Owner: _____

Golf Cart Information: Make: _____ Model: _____

Year: _____ Serial Number: _____

Liability Insurance Company: _____

Policy #: _____ Expiration Date: _____

_____ I hereby state that the golf cart to be operated upon City streets in Chariton shall be in good mechanical condition, thoroughly safe for transportation of passengers, and equipped with: a reflective slow moving vehicle sign, a bicycle safety flag a minimum of six feet from ground level, and adequate brakes,

_____ I acknowledge I have received and read a copy of the City of Chariton Golf Cart Ordinance, and will abide by the regulations set forth in the Ordinance.

_____ I agree to provide or update liability insurance information to the City of Chariton if I change policies or upon policy renewal.

_____ I understand that permits may be suspended or revoked upon violation of the conditions of the permit or abuse permit privileges. There will be no refund of the permit fee.

Date

Signature of Applicant

GOLF CART PERMIT

Slow-Moving Vehicle Sign ___ Yes ___ No Bicycle Safety Flag Measured ___ Yes ___ No

Proof of Insurance (Attached) ___ Yes ___ No Copy of Ordinance (to applicant) ___ Yes ___ No

Inspected By: _____ Date: _____

Permit Fee: _____ **\$25.00 Initial Permit** _____ **\$25.00 Renewal Permit** Date Paid: _____

Permit Number: _____ Permit Valid Until: **December 31, 20** _____

Maintain your copy of this form with you or on the golf cart when operating machine.