



## LAKE ELMO GOLF CART APPLICATION

### GOLF CART APPLICATION INFORMATION

OWNER'S NAME \_\_\_\_\_ PHONE No. \_\_\_\_\_

OWNER'S EMAIL \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ OR

REASON FOR NO DRIVER'S LICENSE \_\_\_\_\_

### GOLF CART INFORMATION:

MODEL NAME/MAKE \_\_\_\_\_

YEAR \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

INSURANCE CARRIER NAME \_\_\_\_\_

INSURANCE POLICY # \_\_\_\_\_

**\* Attach Certificate of Insurance \***

### REQUIRED EQUIPMENT CHECKLIST:

\_\_\_\_\_ Slow-moving vehicle emblem must be attached to the rear of the vehicle.

\_\_\_\_\_ Rear-view mirror

\_\_\_\_\_ Parking brake

\_\_\_\_\_ If operated at night golf carts must be equipped with:

- Original headlights, taillights, and rear-facing brake lights.

I hereby certify that the information is true and correct. I further certify that I have read and will comply with all the terms and conditions pertaining to the City's Golf Cart Ordinance.

\_\_\_\_\_

APPLICANT SIGNATURE

DATE

PERMIT FEE \$ \_\_\_\_\_

DATE PAID \_\_\_\_\_

CONDITIONS – RESTRICTIONS (if any) \_\_\_\_\_

\_\_\_\_\_

This permit must be carried in the cart at all times. See attached Ordinance for rules of operation.

APPROVED BY PLANNING DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_ PERMIT EXPIRATION DATE \_\_\_\_\_

Comments (As needed for any clarification or explanation):

This permit must be carried in the cart at all times. See attached Ordinance for rules of operation.