

CITY OF AFTON GOLF CART PERMIT APPLICATION

- 1) THIS PERMIT SHALL BE ISSUED FOR A SPECIFIC GOLF CART AND A SPECIFIC INDIVIDUAL OR BUSINESS.
- 2) THE VEHICLE SPECIFIED BELOW & THE DRIVER MUST CARRY THIS PERMIT & LIABILITY INSURANCE AT ALL TIMES WHEN OPERATING A MOTORIZED GOLF CART ON A PUBLIC STREET OR ROADWAY.

GOLF CART INFORMATION:

Model Name	Make	Year	Serial Number
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APPLICANT INFORMATION:

Name	Address	AFTON City	MN State	55001 Zip
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Email Address: _____

Driver's License Number (Individual only)	Expiration Date
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Certificate of Insurance Provided? **YES** **NO** (Circle one)
(Please attach copy)

Physician's Certificate Provided? **YES** **NO** (Circle one)
(If required, please attach copy stating the individual applicant is able to safely operate a motorized golf cart on designated streets or roadways.)

Certificate by Mechanic? **YES** **NO** (Circle one)
(Indicating golf cart is in good mechanical condition, complete with rear view mirror, lights (including brake lights, head lights & turn signals), brake, that it is safe for transportation of passengers, and that it displays a slow moving vehicle emblem.)

Signature of Applicant	Date
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Make checks payable to **City of Afton:**

APPLICANT FEES:

Individual	\$25		TOTAL: _____
Business			DATE PAID: _____
Includes first two carts	\$50	\$ 50.00	CHECK #: _____
Additional Carts	\$10/cart	# of Carts: _____ x \$10 = \$ _____	RECV'D BY: _____
		Business Total	
		\$ _____	