

Permit: \_\_\_\_\_  
Year - Number

## 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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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: _____
	<b>Business Total</b>	<b>\$ _____</b>	