

Golf Cart Permit Registration Form.doc

Name of Golf Cart Owner: _____

Mailing Address: _____

City, State & Zip: _____

Phone No: _____ Cell No: _____

Insurance Company Name: _____

Agent Name: _____

Mailing Address: _____

City, State & Zip: _____

Phone No for Agent: _____ Cell No. _____

(Driver must provide insurance card & drivers licenses for copying)

Please provide Drivers License(s) numbers of all drivers in the household.

Name	DL Number	Expiration Date	Date of Birth
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Please provide "Proof of Inspection" from the McLean County Sheriff (*Permits will not be issued without proof of inspection*).

VIN/Serial No	Make	Year	Color	Max Gross Weight

Does the cart have the following?

Headlight	Tail lights	Slow Moving Vehicle Emblem
Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

I, _____ acknowledge that I have been given a copy of the golf cart ordinance by signing below.

X _____ X _____
 Signature-Permit Holder Employee Signature Date

CITY OF LIVERMORE • 105 W Third Street • P O Box 279 • Livermore, KY 42352

(270) 278-2113 phone (270) 278-9092 fax

Logon to the city's website for golf cart permit registration form and golf cart ordinance at

www.cityoflivermore.info

I, _____ agree that I will read the ordinance and make my family aware of the rules and regulations set forth in Ordinance No. 11-09-01 as adopted from the State of Kentucky and approved by council on September 8, 2011.

_____ Please initial

I, _____ and my family agree to follow the ordinance and will only drive on the streets set out in the golf cart ordinance; will not drive on sidewalks and will only allow persons with a drivers license to operate our golf cart on the streets of the city of Livermore.

_____ Please initial

Owner Signature

Printed Name

Family Signature

Printed Name

Family Signature

Printed Name

Family Signature

Printed Name

Family Signature

Printed Name

Signed and witnessed before me on this day _____ of _____, 20 _____

Employee Name

Printed Name

For Office Use Only

Permit No: _____ Issue Date: _____

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