

MOTORIZED GOLF CART PERMIT APPLICATION CITY OF MILACA

Application Date: _____

Name: _____
First Name
Full Middle Name
Last Name

Address: _____

Date of Birth: _____

Drivers License Number: _____

Model & Serial # of Golf Cart: _____

Insurance Company: _____

Policy Number: _____

Each person desiring a permit for the operation of a motorized golf cart must be 18 years of age and submit an application provided by the City accompanied by an application fee as established by the city council by resolution (\$0.00). Each application shall show evidence of the name and address of the applicant and such other information as the City may require. Each permit must be renewed annually and each renewal must meet the requirements set forth. A permit may be revoked at any time if it is shown the permittee cannot safely operate the motorized golf cart on the designated routes, or, if the person has had a valid driver's license suspended, revoked or cancelled.

By signing below, I hereby authorize Milaca Police Department to access and view my MN driving record,

And, I certify that I have current insurance on said motorized golf cart.

Signature of Applicant

| | |
|------------------------------|-------------|
| Application Received By | |
| Date to PD for license Check | |
| Date license ran | |
| License Check Cleared | YES NO |