

f: (515) 832-6686

CITY OF WEBSTER CITY GOLF CART PERMIT

Name of Owner:			
Address of Owner:			
Phone Number of Owr	ner:		
Date of Birth:	Curr	Current Age	
Driver's License #:	Expirati	Expiration Date:	
Email Address of Owne	er:Golf Cart In	formation	
Make:	Model:	Year:	
VIN# or Serial #:		Color:	
Liability Insurance Con	npany:		
Policy #:	Expiration D	Expiration Date:	
	Must provide Proof of Insura	nce with Permit Application	
I hereby state that for transportation of pas Ordinance.	sengers, and equipped with all necessary e	eets in Webster City shall be in good mechanical condition, safe quipment as required by the City of Webster City Golf Cart	
I acknowledge I ha	ave received and read a copy of the City of V	Webster City Ordinance, and will abide by the regulations set	
I agree to provide		ear fender or similar component on the rear of the Golf Cart. ion and update liability insurance information to the City of	
I understand there		nits may be suspended or revoked upon violation(s) of the no refund of the permit fee.	
Signature of Owner:		Date	
	GOLF CART	PERMIT	
Permit Fee: \$25.00	Date Paid: Ch	neck#, Credit Card or Cash:	
Date Approved:(0	Signature of City Clerk (or Des	Signature of City Clerk (or Designee)eived fee, owner/operator info, Cart info, insurance info and completed application)	
Permit Number:		Permit Valid Until: annually through 12/31	
<u>Mai</u>	ntain your copy of this form with yo	<mark>ou or in the Golf Cart when operating.</mark>	