CITY OF STANWOOD

GOLF CART PERMIT APPLICATION

OWNERS FULL NAME: _____ PHONE: _____

ADDRESS: _____ STANWOOD, IOWA 52337

VEHICLE MAKE/MODEL _____ COLOR _____

BIRTHDATE:_____ SSN:_____ DRIVERS LICENSE#_____

I AM 18 YEARS OF AGE AND HAVE A VALID OPERATOR'S LICENSE FROM THE STATE OF IOWA.

MY VEHICLE IS EQUIPED WITH BRAKES ADEQUATE TO STOP AND HOLD THE VEHICLE, A SLOW-MOVING VEHICLE SIGN, AND A BICYCLE SAFETY FLAG ATTATCHED AS DIRECTED IN THE CITY ORDINANCE CHAPTER 78.

I HAVE LIABILITY INSURANCE COVERAGE FOR THE GOLF CART/UTV MEETING OR EXCEEDING THE LIMITS.

I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS FOUND IN THE CITY ORDINANCE CHAPTER 78 AND AGREE TO COMPLY WITH THESE REQUIREMENTS.

SIGNATURE OF APPLICANT: **DATE:**

LICENSE FEES: $50/YEAR

PERMIT IS NON- T R A N S F E R A B L E AND MUST BE PROMINENTLY DISPLAYED ON THE VEHICLE. COPY OF DRIVERS LICENSE AND PROOF OF INSURANCE MUST BE KEPT ON FILE AT CITY HALL.

FOR OFFICE USE ONLY

PERMIT ISSUED(#._____)

FEE COLLECTED BY _____ *DATE ISSUED* _____ *EXP/RATION DATE* _____

CHECKLIST

ORDINANCE._____ ***BRAKES***_____ ***SLOW MOVING SIGN***_____ ***FLAG*** _____

DRIVERS LICENSE._____ ***INSURANCE.***_____