

City of Springfield
Permit Application for Motorized Cart

Owner of Golf Cart: _____

Home – Street Address: _____

Mailing Address: _____

Home Phone Number: _____ Cell Phone Number: _____

List below the names and addresses, in addition to owner, of each driver that will also be operating the cart:

Name	Address
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Name	Address
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Name	Address
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Name	Address
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Name	Address
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**** Note **** By signing below Owner states that he/she has received a copy of Ordinance # 2012-01 (Motorized Carts) and will abide by this Ordinance and further agrees that each driver listed above will be familiar with Ordinance prior to operating cart.

Owner Signature – **READ ABOVE NOTE BEFORE YOU SIGN**

Date

Clerk Signature

Date

FOR CLERK AND OFFICE USE ONLY

Were copies received of all drivers' license for **OWNER AND EACH DRIVER** that is listed on this application and are the copies attached to this application? Yes No

If no, advise applicant that we cannot process this application until we receive copies of all valid drivers' license for owner and each driver that is listed on this application.

If yes, collect \$25 permit cost.

Fee Paid by: Cash Check # _____

Date Sticker Issued: _____

Sticker # _____

Date of Expiration: _____

Police Officer Initials: _____