

\$10

City of Mt. Lake Application for Motorized Golf Cart Permit

Date: _____

Name: _____

Address: _____

Phone Number: _____

The golf cart will be driven by the individuals listed below, each of which has a valid Driver's License.

Please answer the questions below.
Answers may be verified before permit is issued.

1. Is the vehicle equipped with a rear slow moving vehicle emblem?
2. Is the vehicle equipped with rear view mirrors?
3. Does the vehicle/operator have insurance coverage?
Attach copy of insurance coverage.
4. Model name, number and color, and any other identifying information.

I hereby pledge that the information provided above is correct and accurate.

Signature of Applicant

Date

Permit Number _____ for the operation of a motorized golf cart is hereby issued.

Issuing Authority

Date

