

**CITY OF HOKAH
MOTORIZED GOLF CART
PERMIT APPLICATION FORM**

PERMIT FEE: \$20.00 DATE _____ / _____ / _____

APPLICANT NAME: first _____ middle _____ last _____

DATE OF BIRTH: _____ / _____ / _____

ADDRESS: _____

DRIVER'S LICENSE # _____ STATE _____
OR, IF NO VALID DRIVERS LICENSE
REASON FOR NO DRIVER'S LICENSE _____

GOLF CART INFORMATION:

MAKE _____ MODEL _____ COLOR _____

YEAR _____ SERIAL NUMBER _____

INSURANCE INFORMATION:

INSURANCE CARRIER NAME _____

INSURANCE POLICY # _____

*ATTACH PHYSICIANS CERTIFICATE TO THIS APPLICATION FORM
PERMIT VALID FOR THIS OPERATOR ONLY, NOT THE VEHICLE ITSELF
PLEASE READ BOTH HOKAH ORD#117 and MSA#169.045 ATTACHED TO LICENSE COPY*

I hereby certify that the above information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE DATE _____ / _____ / _____

Below Office Use Only

.....
ANNUAL PERMIT FEE RECEIVED \$ _____ DATE PAID _____

PHYSICIANS CERTIFICATE ON FILE _____
SLOW MOVING VEHICLE INSTALLED _____
REAR VIEW MIRROR INSTALLED _____

SIGNED _____

ALL PERMITS EXPIRE ON DECEMBER 31 OF THE YEAR IN WHICH THEY WERE ISSUED AND THIS PERMIT IS ONLY GOOD FOR THE APPLICANT LISTED ON THIS FORM.