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.