

City of St. Ansgar - Golf Cart Permit Application

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Make of Golf Cart _____ Model _____ Year _____

Vin Number _____ Color _____

The following is needed to be issued a permit to operate a golf cart:

Copy of Driver's License _____ Copy of Liability Insurance _____

Registration Fee of \$15.00 _____ Slow moving vehicle sign _____

Mirror _____ Safety Flag _____ Identification number _____

Authorized _____ not authorized _____, reason _____

Permits are valid from July 1st - June 30th each year.

You are required to purchase a 3" reflective number to be put on the left side of the cart near the front. This will be your identification number. The number for your cart will be _____.

By signing below, I agree to all of the rules and responsibilities pertaining to City Ordinance, Chapter 77, on Golf Carts, for the City of St. Ansgar. I also understand that any violation of this ordinance will result in a citation as per City Ordinance Chapter 77.07.

I also have read the ordinance that was given to me and I understand all of the rules for operation and take full responsibility of my actions and all who may operate the golf cart that this permit is being applied for.

Applicant signature _____

Date _____