

Golf Cart & Utility-Terrain Vehicles Permit Application



CITY OF FARMER CITY
105 S. Main St. PO Box 49
Farmer City IL 61842-0049

REGISTRATION # _____

Owner's Name: _____

Physical Address: _____

Mailing Address: _____

Phone #: _____

Principal Operators (up to 4): INCLUDE COPY OF DRIVER'S LICENSE & INSURANCE CARD

Name: _____ Driver's License #: _____

Name: _____ Driver's License #: _____

Name: _____ Driver's License #: _____

Name: _____ Driver's License #: _____

Make of Golf Cart: _____

Model: _____ Serial #: _____

Color: _____ Description of Vehicle: _____

Insurance Company: _____

Insurance Agent: _____

Address: _____

Phone #: _____

Signature of Applicant

Date: _____

Permit Fee: \$50.00

FOR OFFICE USE ONLY:

MAKE COPY OF DRIVER'S LICENSE & INSURANCE CARD

Name of Inspector: _____ Date of Inspection: _____

Inspected by: _____ Effective Date: _____

Approved: _____ By: _____
(Yes) (No)

THIS FORM MUST BE KEPT IN THE VEHICLE AT ALL TIMES