

Pickstown Golf Cart Permit

Name	_____	Initial	_____
Address	_____	20__	Date _____

		Initial each following year if no change	
Drivers Lic #	_____	Initial	_____
Renewal Date	_____	20__	Date _____
Phone#	_____		
	_____	Initial	_____
		20__	Date _____
Cart Information			
Color	_____	Initial	_____
Make	_____	20__	Date _____
Model	_____		
Serial #	_____	Initial	_____
		20__	Date _____
Insurance Information			
Company Name	_____	Initial	_____
Policy #	_____	20__	Date _____

**Please provide a copy of the insurance policy showing proof of coverage,
and a copy of valid license**

Conditions of this Permit

Please read these conditions and initial each item.

- Initial _____
- 1) Only valid driver's license holders may operate golf carts on Town streets.
 - 2) Golf carts are only legal on roadways within the Town limits. (Direct paths across the State Highway is permitted)
 - 3) The operation of motorized golf carts is expressly prohibited on sidewalks or private property.
 - 4) Golf carts may only be operated within Town limits from sunrise to sunset.
 - 5) A copy of this permit will be provided to you, and should be kept in the cart.