

CITY OF LONE TREE GOLF CART PERMIT APPLICATION

Date: _____

Name of Applicant: _____

Address of Applicant: _____

Date of Birth: _____ Current Age: _____

Driver's License #: _____ Expiration Date: _____

Phone Number: _____

Email Address: _____

Golf Cart Information: Make: _____ Model: _____

Year: _____ Color: _____ Serial Number: _____

Liability Insurance Company: _____

Policy #: _____ Expiration Date: _____

____ I hereby state that the golf cart to be operated upon City streets in Lone Tree shall be in good mechanical condition, thoroughly safe for transportation of passengers, and equipped with: a reflective slow moving vehicle sign, a bicycle safety flag a minimum of five feet from ground level, adequate brakes, headlights, taillights, and a mirror to provide the driver with adequate vision from behind.

____ I acknowledge I have received and read a copy of the City of Lone Tree Golf Cart Ordinance, and will abide by the regulations set forth in the Ordinance.

____ I agree to affix reflective tag on the left (drivers side) near the front.

____ I agree to send updated liability insurance policy information to the City of Lone Tree if I change policies or when the policy renews.

____ I understand that permits may be suspended or revoked upon finding evidence that the permit holder has violated the conditions of the permit or has abused the privilege of being a permit holder. There will be no refund of the permit cost.

Signature of Applicant

GOLF CART PERMIT

Permit Fee: \$12.00 Date Paid: _____ Check# or Cash: _____

Date Approved: _____ Approved By: _____

Permit Number: _____ Permit Valid Until: December 31, 2020