

# 2020 Golf Cart Permit

\_\_\_\_\_  
Name

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Insurance Provider

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Vin/Serial Number

\_\_\_\_\_  
Make

\_\_\_\_\_  
Model

\_\_\_\_\_  
Year

\_\_\_\_\_  
Color

\_\_\_\_\_  
Number of seats

\_\_\_\_\_  
Signature

\*\*Registration is valid for the calendar year in which application is granted. Registration must be renewed each year\*\*

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## Golf Cart Owner's Acknowledgement

I have hereby met the above requirements as set forth by the City of Laurens, Iowa. By my signature, I acknowledge that I have read and understand City Code Chapter 74 and will abide by all requirements of this Ordinance 05-19. I further acknowledge that it is my responsibility to keep the above vehicle in its current working order. If, at any time, this vehicle no longer meets the above requirements, I must cease to operate it until it is once again in compliance with City Code 74.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Administration Use Only

Expiration Date: 12/31/20\_\_\_\_

Permit Number: \_\_\_\_\_

Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

\$50.00 Fee Paid: \_\_\_\_ Yes \_\_\_\_ No

Fee Received By: \_\_\_\_\_