

TOWN OF WAUKOMIS
GOLF CART & UTV PERMIT APPLICATION

NAME _____ DATE _____

TELEPHONE _____

ADDRESS _____
Street City State Zip

CART MODEL _____

DRIVER'S LICENSE NO. _____
Attach Copy of D.L.

LIABILITY INSURANCE CARRIER _____
Attach Copy of Verification

As applicant of this golf cart permit, I promise to obey the rules set out in Ordinance No. 2017-1 authorizing golf carts to be driven in the Town Limits of Waukomis, and to inform other drivers of my cart to do the same.

Golf Cart Permit Applicant

TOWN INSPECTION CHECK

_____ SLOW MOVING TRIANGLE

_____ ORANGE FLAG

_____ WORKING BRAKE LIGHTS

_____ COPY OF INSURANCE VERIFICATION

_____ COPY OF DRIVER'S LICENSE

GOLF CART INSPECTED AND PERMIT ISSUED BY _____