

**CITY OF FOSSTON
MOTORIZED GOLF CART
PERMIT APPLICATION FORM**

DATE _____

APPLICANT NAME _____

ADDRESS _____

DRIVER'S LICENSE # _____ OR

REASON FOR NO DRIVER'S LICENSE _____

GOLF CART INFORMATION:

MAKE _____ MODEL _____

YEAR _____ SERIAL NUMBER _____

INSURANCE INFORMATION:

INSURANCE CARRIER NAME _____

INSURANCE POLICY # _____

I hereby certify that the above information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

.....
ANNUAL PERMIT FEE \$ _____

DATE PAID _____

SLOW MOVING VEHICLE INSTALLED _____

REAR VIEW MIRROR INSTALLED _____

SIGNED _____

ALL PERMITS EXPIRE ON DECEMBER 31 OF THE YEAR IN WHICH THEY WERE ISSUED.