

CITY OF ARCOLA POLICE DEPARTMENT

114 N. LOCUST ST.

ARCOLA, IL 61910

217-268-4906

APPLICATION FOR GOLF CART PERMIT/DECAL

1. Name of Applicant: _____
2. Address of Applicant: _____
3. Is the Applicant the owner of the golf cart? ___ Yes ___ No (check one)
4. Date of Birth of Applicant: _____
5. (A) Does the Applicant have a valid Illinois Driver's license? ___ Yes ___ No (check one)
(B) Driver's License number _____
6. (A) Does Applicant have liability insurance on the golf cart? ___ Yes ___ No (check one)
(B) Name, address, and phone number of insurance company: _____

(C) Policy Number: _____
(D) Attach photocopy of your insurance card to the application.
7. (A) Serial Number of Golf Cart: _____
(B) Make of Golf Cart: _____
(C) Model of Golf Cart: _____
(D) Description of Golf Cart: _____

8. Applicant, please attach to this application a check in the amount of \$50.00 made to the order of the City of Arcola as the license fee.

I have received, read, and understand the Golf Cart Ordinance 10-C-6. I acknowledge and agree that I will assume ALL liability, and am fully responsible for the operation of the above vehicle. I also acknowledge and agree that the City of Arcola, in authorizing and providing regulations, is in no way endorsing said operation, and does not and will not assume any liability in said operation. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF ARCOLA for any and all liability arising from said operation.

I further acknowledge and agree that the City interpretation of said Ordinance is final and that I will obey all regulations in said Ordinance.

Signature of Applicant

City of Arcola Police Department:

Inspected and approved this _____ day of _____ 20____.

Officer: _____ Permit/Decal # _____