

City of Spicer

Golf Cart or 4 Wheel ATV Permit Application

Date _____

Name _____

Address _____

Telephone No. _____

Driver's License Number _____

Age _____

Or reason for not having a current license _____

Insurance Company _____

(a copy of the liability insurance must be attached)

Nature of applicant's physical disability? _____

Handicapped Parking Tag Number _____

Golf Cart Information:

Make _____ Model _____ Year _____

Serial Number _____

Slow Moving Sign installed? _____

Rear View Mirror installed? _____

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

Permits will expire on December 31 of the year in which they were issued.

Fee \$20.00

Received _____

Check # _____