



Mount Vernon Application for Golf Cart Permit

City Ordinance 78

Applicant Information

Date:

Owner Name:

Address:

Street

City

State

Phone Number:

Date of Birth:

Driver's License Number:

Expiration Date:

Insurance Company:

Policy Number:

Expiration Date:

Make/Model:

VIN:

For Police Department Use

Inspection Date:

Brakes

Brake Lights

Age Verification

Bicycle Safety Flag

Valid Driver's License

Insurance Verification

1

1

Police department Approved

Denied

Signature:

Records

Permit Number:

Fee Paid: 25.00

Records Clerk: Fee Paid Signature:

Date: