

City of Earlham 140 S Chestnut Ave Box 518 Earlham, IA 50072 (515) 758-2281

**GOLF CART, ATV, UTV PERMIT 2022**

**Name of Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Golf Cart, ATV, UTV Information (*Circle Type):*** Year: \_\_\_\_\_\_\_\_ Model:\_\_\_\_\_\_\_\_\_\_

 Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Liability Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I hereby state that the golf cart to be operated upon City streets in Earlham shall be in good mechanical

condition, thoroughly safe for transportation of passengers, and equipped with, *a bicycle safety flag a minimum of five feet from ground level*, *adequate brakes*, *working* *headlights & brake lights*, *properly functioning unaltered factory exhaust muffler* and *clearly audible horn.*

\_\_\_\_ I acknowledge I have received and read a copy of the City of Earlham Golf Cart/ATV/UTV Ordinance, and will abide by the regulations set forth in the Ordinance.

\_\_\_\_ I agree to affix reflective tag on the **“LEFT”** (driver’s side) rear wheel well or similar component.

\_\_\_\_ I agree to provide valid liability insurance covering the golf cart, ATV or UTV in the same limits as required

 of automobiles by the financial responsibility provisions of Chapter 321A of the Code of Iowa, and to provide

 or update liability insurance information to the City of Earlham if I change policies or upon policy renewal.

\_\_\_\_ I understand that permits may be suspended or revoked upon violation of the conditions of the permit

 or abuse permit privileges. There will be no refund of the permit fee.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 For the City of Earlham Date

*(for office use)*

Permit Fee: **$50.00**

 Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check#, or Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city has received fee, owner info, vehicle info, insurance info, completed app)

 **Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Valid Until: April 1, 2023**

***Maintain your copy of this form with you or on the vehicle when operating machine.***