

City of Madrid



Golf Cart Permit Registration

Date Issued: _____ Date Expires: _____

Owner's Name _____

Address Where Golf Cart is Housed: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Make/Manufacturer: _____ Model: _____

VIN/Serial Number: _____ Number of Seats: _____ Color: _____

Allowable operators of this Golf Cart (must be 16 years of age or older with a valid driver's license)

Name:	Address	Age	Driver's License
-------	---------	-----	------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned owner/applicant of the golf cart permit, swear or affirm that I have received a copy of the City of Madrid Ordinance #459. I understand that the authority to operate a golf cart within the city limits of the City of Madrid is a revocable privilege granted only upon compliance with the terms of the City of Madrid Ordinance #459 to legally operate a golf cart within the specified year granted. I understand that my failure to operate a golf cart in accordance with the City of Madrid Ordinance #459 terms, may result in criminal and/or civil liability including (but not limited to) fine, vehicle impoundment, and/or revocation of my permit/privilege to operate a golf cart within the city limits of Madrid, Iowa.

I further understand that I must adhere to all requirements stipulated within Ordinance #459 in terms of equipment and hours of operation. I affirm that I will adhere the permit to the vehicle as required within Ordinance #459 and that I will obtain and maintain insurance and/or bonding as may be required by Iowa state laws governing minimum insurance/financial responsibility laws for motor vehicles.

In this application, I do swear or affirm that all the information provided here within is true and correct and I understand that any falsification or misrepresentation of such information may be subject to civil and/or criminal penalties and/or revocation of my golf cart permit.

Applicant Signature

Permit Fee: \$25.00 Permit #: _____

City Employee Signature

Replacement Fee: \$20.00