



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
 Slow Moving Vehicle Sign Mirror (rearview or side)
 Copy of ordinance received by applicant _____ (Applicant initials)

Police department Approved Denied Signature: _____

Records

Permit Number: _____ Fee Paid: \$25.00

Records Clerk: Fee Paid Signature: _____ Date: _____