



Mount Vernon Renewal Application for Golf Cart Permit

City Ordinance 78

Applicant Information

Date: _____ Owner Name: _____

Address: _____
Street City State

Email Address: _____

Phone Number: _____ Date of Birth: _____

Driver's License Number: _____ Expiration Date: _____

Insurance Company: _____ Policy Number: _____

Expiration Date: _____

Make/Model: _____ VIN: _____

Copy of ordinance received by applicant _____ (Applicant initials)

Signature of owner: _____

Records

Permit Number: _____ Fee Paid: \$25.00 _____

Records Clerk: Fee Paid Signature: _____ Date: _____