



PERMIT APPLICATION

UTV/Golf Cart

Permits issued each fiscal year from May 1 to April 30

Permit Registered Owner

☐ **Renewal Only:** Mark if no information on drivers or vehicle has changed from original application. Complete name, address, phone number, and email only below. Submit with \$50 payment and updated proof of insurance. _____ **Date & Sign**

Name: _____

Address: _____

City/State/Zip Code: _____ DOB: _____

Phone Number: _____ Email Address: _____

Driver's License Number (Attach copy): _____

Additional Operator (Any additional operators may be listed on second page)

Name: _____

Address: _____

City/State/Zip Code: _____ DOB: _____

Phone Number: _____

Email Address: _____

Driver's License Number (Attach copy): _____

UTV/Golf Cart Information

Make: _____

Model: _____

Color: _____ Year: _____

VIN/Serial Number: _____

Insurance Information (Attach Proof of Insurance)

Insurance Company: _____

Policy Number: _____

FOR OFFICE USE ONLY

Permit Number Issued: _____ Permit Year: _____ Date Issued: _____

Fee Received:

☐ \$75 (First Time) ☐ \$50 (Annual Renewal) ☐ \$0 Special Event ☐ \$0 Government Use

Paperwork Scanned: ☐

Additional Operator

Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ DOB: _____

Email Address: _____

Driver's License Number (Attach copy): _____

Additional Operator

Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ DOB: _____

Email Address: _____

Driver's License Number (Attach copy): _____

Additional Operator

Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ DOB: _____

Email Address: _____

Driver's License Number (Attach copy): _____