



**APPLICATION FOR PERMIT TO  
OPERATE A MOTORIZED GOLF CART ON PUBLIC STREETS  
IN THE CITY OF ADRIAN**

Date Received \_\_\_\_\_

Permit fee: \$50.00 for lifetime of golf cart/ownership of golf cart

Cling \*     Sticker \*

**Permit is non-transferable**

(see below for placement)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Vehicle Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Agent: \_\_\_\_\_

Make and Year of Golf Cart: \_\_\_\_\_ Color: \_\_\_\_\_

Number of seats: \_\_\_\_\_ **NOTE; the number of passengers must not exceed the number of seats.**

Said applicant and his/her associates do hereby agree to comply with the provisions of City Code Chapter 8, Section 8.06 and Resolution #218-1996, to take all necessary and reasonable precautions to maintain the safety of life and property and to be responsible for all liability for the personal injury or property damage which may occur in connection with this permit. In the event any claim is made against the City of Adrian or department, office, or employee thereof, through, by reason of, or in connection with any such act or omission, applicant shall indemnify and hold them and each of them harmless from such claims.

**NOTE; Individuals who drive the cart must have a valid driver's license and the number of passengers must not exceed the number of seats on the golf cart.**

\*Once approved, a sticker or cling will be issued. \*Stickers must be placed on the back of the cart below the right-side brake light. \*Clings must be placed on the windshield, passenger side lower corner.

I hereby certify that I have read the foregoing and that the statements are true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

**If Golf Cart is being utilized as a mode of transportation due to a disability, complete the following;**

Roadways or portions of roadways on which the golf cart will be operated: \_\_\_\_\_

Time of operation: \_\_\_\_\_

**Note;** A letter, signed by a physician, must be included with this application. Letter must state the existence & nature of the applicant's physical disability & that applicant is able to safely operate a golf cart. Said letter is valid for one year from issue. **All Golf Cart Permits issued as a mode of transportation due to a disability expires one year from date of issue; doctor's certificate of disability & safety validation must be renewed.**

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**\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\***

Payment received                       Copy of related City Code and Resolution given to applicant.

Approved     Denied; reason for denial: \_\_\_\_\_

Signature of Police Dept: \_\_\_\_\_ Date: \_\_\_\_\_