City of Lake Shore, Minnesota Golf Cart-Low Speed Vehicle Application & Permit

GOLF CART PERMIT # _____

APPLICATION

Full Name of Applicant:			
Date of Birth:			
Address of Applicant:			
Email Address of Applicant:			
Phone Number of Applicant:			
Driver's License Number:		State:	
Golf Cart Insurance Company:			
Insurance Policy Number:		Exp Date:	
Golf Cart Year:	Make:	Model:	
Golf Cart Serial Number or Veh	icle Identification Number:		
I understand that it is illegal to operate a golf cart while under the influence of alcohol or drugs. I understand that MN open alcohol container laws apply to golf carts while in operation upon city streets and roads: (initials)			
I hereby certify that my driver's license is valid and has not been suspended, revoked, canceled, or withdrawn. I additionally certify that I have current liability insurance on the golf cart and I will maintain liability insurance throughout the licensing period: (initials)			
all applicable city ordinances ar Shore and I agree to follow tho	nd state laws concerning low se laws accordingly. I under	ect and that I have received, read, and thoroughly unw speed vehicles and golf cart operation within the estand that the permit can be revoked by the City if in or there is a loss of insurance: (initials)	City of Lake t is found
Golf cart permits are non-trans the City of Lake Shore:		The new owner would need to apply for a permit to	operate in
Signature of Applicant:		Date:	
Issued by City Clerk :		Date:	

PERMIT EXPIRES DECEMBER 31, 20_____