



MOTORIZED GOLF CART OPERATORS PERMIT APPLICATION

CITY OF PINE ISLAND
250 South Main Street PO Box 1000
Pine Island, MN 55963
www.pineislandmn.com
Phone (507)356-4591/Fax (507)356-8230

Name: Last First Middle

Address: Number, Street City, State Zip Code

Phone Numbers: Home Work Cell

E-mail address:

Driver's License: Attach a copy of driver's license to the application Number State

Insurance: Attach a copy of insurance policy to the application Company Name Policy Number

Golf Cart: Make Model Year Serial Number

Applicant's Signature* Date

Signature of Authorized City Official Date

Three Year Permit Fee: \$10.00 Date Paid:

By signing the City of Pine Island Motorized Golf Cart Operators permit application, the applicant or driver of the golf cart listed above hereby agrees to abide by the condition of the permit. Failure to abide by the conditions of the permit may result in the revocation of this permit by the City of Pine Island.

Operator Permit Display - All operator permits shall be issued for a specific motorized golf cart. A current city-issued operator permit tag shall be plainly visible from the front of the motorized golf cart.

See back of page for conditions of permit

AS AN APPLICANT FOR A GOLF CART PERMIT I AGREE TO THE FOLLOWING:

1. I agree to operate only on designated routes from sunrise to sunset. I shall not operate in inclement weather or when visibility is impaired by weather, smoke, fog or other conditions or at any time wherein there is insufficient light to clearly see persons and vehicles on the street or roadway at a distance of 500 feet.
2. I will display a slow moving vehicle emblem and a safety warning flag above normal height of above surrounding vehicles; my golf cart will be equipped with front and rear lights per state statutes and as approved by the city, and my golf cart will be equipped with a rear view mirror.
3. I understand that I have all of the same rights, duties, and responsibilities as any other vehicle operated on city streets and I will abide by all state and local statutes, and that I understand that I can be charged or fined for violation of these statutes.
4. I understand that my permit can be revoked by the city if I have operated the golf cart in an unsafe manner.
5. I understand that the city assumes no liability for any injuries to persons or property which may result from my operation of a motorized golf cart.
6. I understand that I must provide the city a copy of the following: current driver license and proof of insurance.
7. This permit is for medical reasons and/or only for the registered person stated above.