



# CITY OF WELLS

## GOLF CART OPERATOR'S PERMIT APPLICATION

ALL PERMITS EXPIRE DECEMBER 31<sup>ST</sup> OF EACH YEAR

SECTION A- PERSONAL INFORMATION						
Last Name	First	Middle	(Applicant 1)	Date of Birth		
				Today's Date		
Street Address				Telephone Number		
City	State	Zip Code	Are you a licensed driver? Yes___ No___			
Office Use Only			Are you over the age of 18? Yes___ No___			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Permit</b></td> </tr> <tr> <td style="text-align: center;">\$5.00</td> </tr> </table>			<b>Permit</b>	\$5.00	If no to both questions, please show proof of training course completion.	
<b>Permit</b>						
\$5.00						
			Date Completed: _____			
Do you have proof of liability insurance? Yes___ No___ <i>Please attach a copy of the certificate of insurance and Minnesota driver's license</i>						

SECTION B- FAMILY REGISTRATION				
Last Name	First	Middle	(Applicant 2)	Date of Birth
				D. L.? Yes___ No___
				18 or older? Yes___ No___
				Date Completed:
Last Name	First	Middle	(Applicant 3)	Date of Birth
				D. L.? Yes___ No___
				18 or older? Yes___ No___
				Date Completed:
Last Name	First	Middle	(Applicant 4)	Date of Birth
				D. L.? Yes___ No___
				18 or older? Yes___ No___
				Date Completed:
Last Name	First	Middle	(Applicant 5)	Date of Birth
				D. L.? Yes___ No___
				18 or older? Yes___ No___
				Date Completed:
Last Name	First	Middle	(Applicant 6)	Date of Birth
				D. L.? Yes___ No___
				18 or older? Yes___ No___
				Date Completed:

<b>Registration Number</b>	<b>#</b>

(PLEASE SEE REVERSE SIDE)

**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 rearview mirror per state statutes and as approved by the city.
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 have read and agree to fully abide by Wells Ordinance §70.57 *AN ORDINANCE REGULATING THE USE OF GOLF CARTS ON CITY STREETS.*

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Signature of Applicant #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_  
(If applicant is 17 or under)

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Signature of Applicant #2 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_  
(If Applicant is 17 or under)

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Signature of Applicant #3 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_  
(If Applicant is 17 or under)

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Signature of Applicant #4 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_  
(If Applicant is 17 or under)

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Signature of Applicant #5 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_  
(If Applicant is 17 or under)

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Signature of Applicant #6 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_  
(If Applicant is 17 or under)