

CITY OF BRIGHTON

GOLF CART PERMIT APPLICATION

APPLICANT INFORMATION

Last Name: _____ First: _____ M.I. _____ Date: _____
Current Address: _____ Apartment # _____
City: _____ State: _____ ZIP: _____
Phone: _____ Date of Birth: _____
D/L # _____ D/L Expiration Date: _____
Is your cart compliant with Chapter 321 of the Code of Iowa? YES NO

GOLF CART INFORMATION

Year: _____ Make: _____
Model: _____ Color: _____ Serial # _____

INSURANCE INFORMATION

Company Name: _____ Street Address: _____
City: _____ State: _____ ZIP: _____
Policy Number: _____ Phone : _____

SIGNATURE

I authorize the verification of the information provided on this form.
I have received a copy of the application and Ordinance No. 08-05 "Golf Carts".

Signature of Applicant _____ Date _____
Authorized Permit Issuer: _____ Date _____

COPY OF PHOTO ID AND PROOF OF INSURANCE REQUIRED TO COMPLETE APPLICATION

OFFICE USE:

Amount Paid: _____ Permit Number _____
Expiration Date _____ Date of Issuance _____ Processed By _____