



**CITY OF DAVID CITY  
GOLF CART PERMIT APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Vehicle Identification Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Registration sticker/license must be prominently displayed on back of Golf Cart.

For Office Use Only:

Permit Number: \_\_\_\_\_

Expires: December 31 of current year

\$10.00 Annual Application Fee Paid: \_\_\_\_\_

Copy of Proof of Insurance attached: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

City of David City