

**CITY OF WATERVILLE
GOLF CART APPLICATION**

Last Name		First Name		M.I.	Date of Birth
Street Address		City		State	
Waterville Address:					
Driver's License# and State Issuance		Insurance Co. & Policy Number		Phone No.	
ATV/Golf Cart Information					
Make		Year			
Model		Serial #			
Slow Moving Vehicle Sign Installed		Yes ___ No ___	Disability	Yes ___ No ___	
Rear View Mirror Installed		Yes ___ No ___	Type of Disability		

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

1. I will operate the Golf Cart on designated Roadways only.
2. Permit fee of \$10.00 per calendar year
3. I will not operate the Golf Cart between sunset and sunrise unless equipped with original equipment headlights, taillight and rear-facing brake lights.
4. I will not operate the Golf Cart in inclement weather, when visibility is reduced or impaired by weather, smoke, fog or other conditions, or when there is insufficient visibility to clearly see persons and vehicles on the roadway at a distance of 500 feet.
5. I will not operate the Golf Cart without prominent display of a slow moving vehicle emblem and a 6ft. adult safety flag to the rear of such vehicle.
6. I will not operate the Golf Cart without a rear-view mirror to provide the driver with adequate vision from behind as required my Minn. Stat. 169.70
7. I will not operate without liability insurance coverage.
8. I will hold or have held a valid driver's license and my license has not been revoked as a result of criminal proceedings.
9. I agree to operate a golf cart under permit on designated roadways with all the rights and duties applicable to the driver of any other vehicle under the provisions of Minn. Stat. Chapter 169, as it may be amended from time to time

Designated Roadways: Golf carts are permitted to operate only on City Streets as designated in the attached map.

I understand the City of Waterville assumes no liability for any injuries to any persons or property which may result from my operation of a golf cart. I also understand it is my responsibility to know and follow all laws regarding golf carts on city streets.

This is a synopsis of Ordinance #75 relating to golf carts.

Applicants Signature _____ Date _____

City Official _____ Title _____ Date _____

Permit is good for one (1) year from January 1 through December 31

Golf Cart Permit Inspection

- Slow moving vehicle emblem
- Rear view mirror
- 6 ft. adult safety flag

Officer Inspecting _____

Date of inspection _____

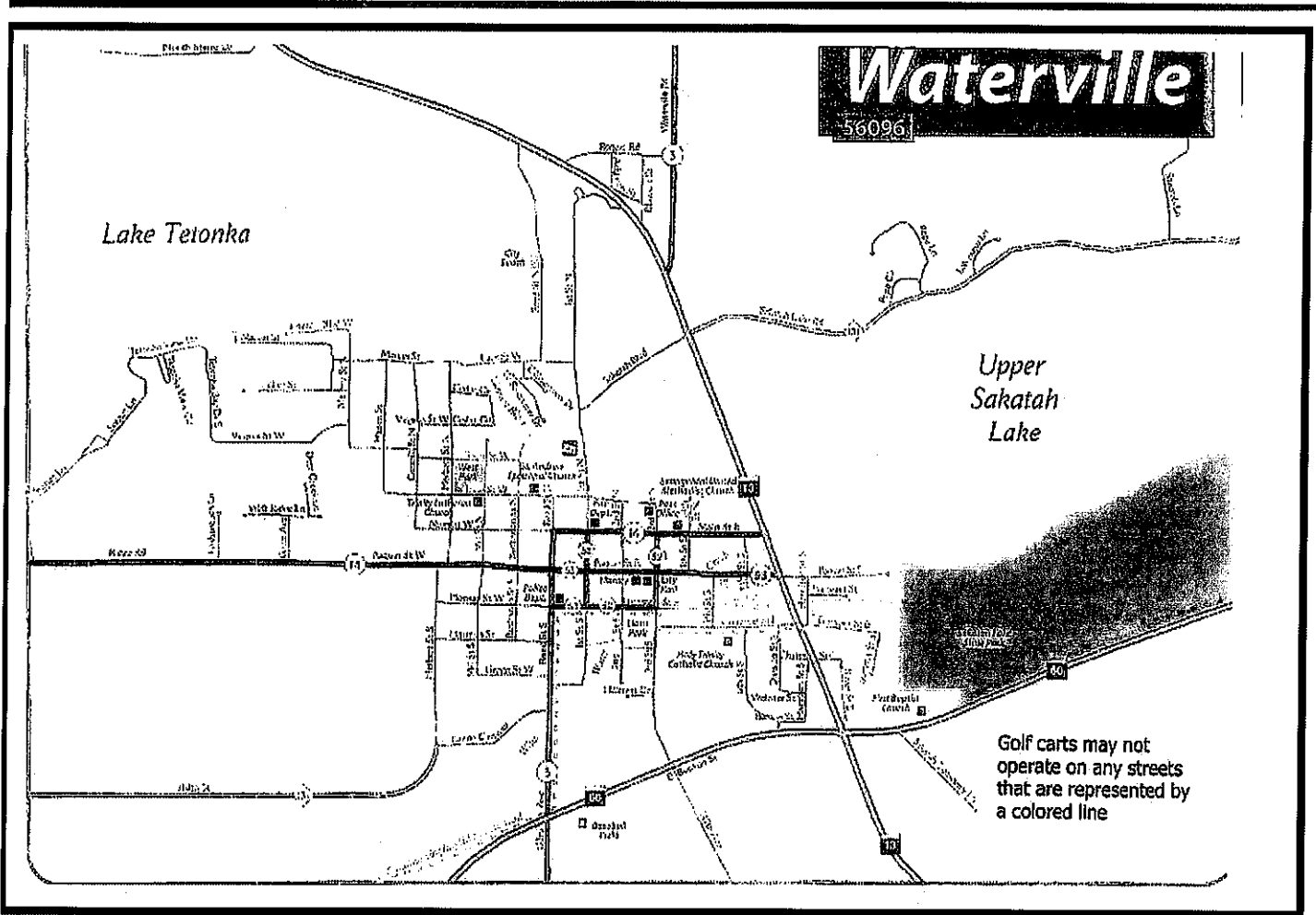
Waterville

56096

Lake Tetonka

Upper
Sakatah
Lake

Golf carts may not
operate on any streets
that are represented by
a colored line





Waterville Police Department

Chief of Police John Manning

Mailing: 200 S Third St,
Waterville MN 56096

Phone: (507) 362-4244

E-mail: watervillepd@frontiernet.net

Location: 114 West Hoosac

Waterville MN 56096

Fax: (507) 362-4622



Consent for Release of Information

The below listed person is requesting that a records (Criminal History, Driver's License, Waterville Police Department In-house, Le Sueur County Sheriff's Office, or any other law enforcement agency) check to be completed for the purpose of obtaining information on themselves. *By signing and completing the advisor and completing the information being requested, the below listed person has approved the checks being requested and the use of said information for its intended purpose and to provide the information to any parties involved in said official capacity. Failure to complete this form may hamper the ability to complete the request being made and ultimately prevent processing of said request.

(Optional: For BCA Criminal History Checks only) I, the undersigned, do hereby authorize the release of criminal information obtained through the Bureau of Criminal Apprehension, and local law enforcement records as required for the purpose of:

BCA Criminal History Check (Y) (N)

Other Form of Check requested: D/L

Purpose of request: Golf Cart Permit

(Full name: First/Middle/Last) _____

(Date of Birth: Month/Date/Year) _____

Driver's License Number: _____

State of Issuance: _____

Current address: _____

Home Phone: _____

Cell Phone: _____

(Below information is for requests of Peddlers/Hawkers Licenses)

Company you are representing: _____

Company Address: _____

Company phone: _____

*(Signature and date) _____

-State Photo Identification Required: (State ID Checked) Yes () No ()

City Of Waterville Staff receiving request _____