	CITY OF WATER GOLF CART APPL		ellek kan direk persilan di kan di salah di sebahan di kan di sebahan di kan selabah di sebahan di kan pemeruk
Last Name	First Name	M.I.	Date of Birth
Street Address	City		State
Waterville Address:			
Driver's License# and State Issuance	Insurance Co. & P	olicy Number	Phone No.
	ATV/Golf Cart Infor	mation	
Make Model		Year Serial #	
Slow Moving Vehicle Sign Installed	YesNo	Disability	Yes_ No
Rear View Mirror Installed	Yes No	Type of Disability	
3. I will not operate the Golf Capriginal equipment headlights, tale 4. I will not operate the Golf Capreather, smoke, fog or other consee persons and vehicles on the 5. I will not operate the Golf Capread a 6ft. adult safety flag to the 6. I will not operate the Golf Caprision from behind as required mand 7. I will not operate without liable 8. I will hold or have held a valid result of criminal proceedings. 9. I agree to operate a golf carpolicable to the driver of any others it may be amended from time	illight and rear-facing brake art in inclement weather, who iditions, or when there is instroadway at a distance of 50 art without prominent display rear of such vehicle. Art without a rear-view mirrory Minn. Stat. 169.70 bility insurance coverage. It id driver's license and my lice tunder permit on designate the revehicle under the provision.	lights. en visibility is reduce ufficient visibility to o 0 feet. v of a slow moving ve r to provide the drive ense has not been r	ed or impaired by clearly ehicle emblem er with adequate revoked as a the rights and duties
esignated Roadways: Golf ca esignated in the attached map.	arts are permitted to opera	ate only on City Str	eets as
understand the City of Waterville nay result from my operation of a nd follow all laws regarding golf his is a synopsis of Ordinance #	a golf cart. I also understan carts on city streets.		
pplicants Signature			Date
ity Official	Title		Date .

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



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 themself. *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: Purpose of request: (Full name: First/Middle/Last) (Date of Birth: Month/Date/Year) Driver's License Number: Current address: Home 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______

Golf Cart Permit Inspection	
☐ Slow moving vehicle emblem☐ Rear view mirror☐ 6 ft. adult safety flag	
Officer Inspecting	
Date of inspection	