

**CITY OF WATERVILLE
GOLF CART APPLICATION**

| | | | |
|--|--|--------------|----------------------|
| Last Name | First Name | M.I. | Date of Birth |
| | | | |
| Street Address | City | State | ZIP Code |
| | | | |
| Waterville Address: | | | |
| Driver's License # & State of Issue | Insurance Co. & Policy Number | | Phone Number |
| | | | |

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 6 ft. 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 by 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 I will hold or have held a valid driver's license and my license has not been revoked as a result of criminal proceedings.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

1. For a new Golf Cart permit; the Golf Cart will have to display the following items on the check list. This will need to be inspected and approved by the Waterville Police Department before a permit can be issued. You can call the Waterville Police Department at (507) 362-4244. Ask for the officer on duty if they will come to your location in the City of Waterville to inspect your Golf Cart.
2. Any persons that will be operating the Golf Cart will need to fill out a Consent of Release of Information form as well as providing a current driver's license at the time of submitting the application.
3. The Golf Cart Application will need to be filled out in full.
4. Insurance on the Golf Cart, Release of Information form, the Golf Cart Application, along with this form will need to be provided to the Waterville City Hall Staff at time of submission.

Golf Cart Permit Inspection Check List

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

Officer Inspecting _____

Date of Inspection _____

Permit # and Owner Name _____

Waterville Police Department

Chief of Police John Manning



Mailing: 200 South 3rd Street
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: Driver's License

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: _____

***Signature and date** _____

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

City of Waterville Staff receiving request _____