

# Golf Cart & Utility-Terrain Vehicles Permit Application



**CITY OF FARMER CITY**  
105 S. Main St. PO Box 49  
Farmer City IL 61842-0049

REGISTRATION # \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Principal Operators (up to 4): INCLUDE COPY OF DRIVER'S LICENSE & INSURANCE CARD

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

Driver's License #: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

Make of Golf Cart: \_\_\_\_\_

Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Color: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_

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

Insurance Agent: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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

Permit Fee: \$50.00

**FOR OFFICE USE ONLY:**

**MAKE COPY OF DRIVER'S LICENSE & INSURANCE CARD**

Name of Inspector: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
(Yes) (No)

By: \_\_\_\_\_

**THIS FORM MUST BE KEPT IN THE VEHICLE AT ALL TIMES**