

VILLAGE OF STOCKTON

155 WEST FRONT AVENUE

P O BOX 186

STOCKTON IL 61085

PERMIT APPLICATION GOLF CART

Applicant Name: _____

Applicant Address: _____ **City/State/Zip** _____

Applicant Phone Number: _____ **DOB** _____

Applicant Driver's License Number _____ **State:** _____

Insurance Carrier (or photo copy of current liability insurance card)

Insurance Company Name: _____

Address: _____

Phone Number: _____

Policy Number: _____

Golf Cart:

Make: _____

Model: _____

Serial Number: _____

Description: _____

Attach copy of valid driver's license and insurance card