

155 WEST FRONT AVENUE  
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VILLAGE TREASURER

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## *Golf Cart Permit Application*

**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*