



City of Clarence

411 Lombard St
PO Box 418
Clarence, IA 52216

P: 563-452-3625
F: 563-452-4128

APPLICATION AND PERMIT TO OPERATE GOLF CART ON CITY STREETS

Year Applied For: _____ Date Fee Paid: _____ Fee: \$10.00

Owner: _____
Name Phone

Home Address PO Box City State Zip

Golf Cart: _____
Make Model VIN/Serial #

By signing below, I hereby state:

- I have liability insurance covering the operation of the golf cart on city streets, and
- I will maintain the liability insurance and carry proof of the liability insurance at all times the golf cart is being operated in the city, and
- I have read and understand Chapter 74 of the Code of Ordinances of the City of Clarence, Iowa, regarding operation of golf carts on city streets, including but not limited to age restrictions, license requirements, prohibited streets, unlawful operation, equipment requirements, hours of allowed operation, speed limits, traffic code, parking, and violation and penalty enforcement.

Signature

Date

OFFICE USE:

Permit Issued, Permit #: _____

Copy of Driver's License

Copy of Ordinance Given to Owner/Operator

City Clerk

Date