

# City of Greendale Golf Cart Registration Application

New  Renewal

Name of Cart Owner	
Address	
Telephone Number	
Name(s) of Principle Driver	
Driver's License Number & Expiration Date	State:      Number:      Expires:
Manufacturer of Golf Cart	
Model Number	
Identification/Serial Number (if applicable)	
Color	

**I understand all required equipment will be maintained in working order, and the golf cart is to be operated in accordance with the applicable provisions in the Indiana Traffic Code and the City of Greendale Ordinance. I further understand any violation of these provisions and requirements may result in the permit being revoked.**

**I certify that I have proper insurance to operate the above golf cart on the public streets within the City of Greendale.**

<b>Signature Required</b>	
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A non-refundable application fee must accompany this form.      Cash:      Check #:

**Required Documentation for Issuance of Golf Cart Registration Permit  
(For Office Use Only)  
PLEASE DO NOT WRITE BELOW THIS LINE!**

	Yes	No	
Proof of Insurance			
Valid Driver's License(s)			
Hold Harmless Agreement			
Permit Issued			Permit Number:      Date Issued:

Reason for Denial and/or Revocation:

**ALL PERMITS EXPIRE 12/31 OF THE ISSUED YEAR**

**ALL PERMITS MUST BE DISPLAYED ON THE LEFT  
REAR OF THE GOLF CART**