CITY OF BAXTER
APPLICATION AND PERMIT FOR OPERATION OF GOLF CART ON CITY STREETS
ANNUAL PERMIT VALID JANUARY 1 THROUGH DECEMBER 31

Owner _____

Printed Name Signature Date

Address _____

Street

_____

City State Zip Code

Vehicle _____

Type Make Model

_____

VIN or serial number of vehicle

Inspection: **Proof of Liability Insurance** Yes ( )

_____

Company Name Policy Number

Pass all driver requirements	**Yes ( )**
Brakes	**Yes ( )**
Slow Moving Vehicle Sign	**Yes ( )**
Safety Flag (Min. 5ft. from street surface)	**Yes ( )**
Owner received copy of City Ordinance	**Yes ( )**
Payment of Application Fee ($25.00)	**Yes ( )**

Permit: **Issue Number _____**

Official _____ Date: _____