

**CITY OF LEROY  
MOTORIZED GOLF CART  
PERMIT APPLICATION FORM**

DATE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ OR

REASON FOR NO DRIVER'S LICENSE \_\_\_\_\_

**GOLF CART INFORMATION:**

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

YEAR \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_

**INSURANCE INFORMATION:**

INSURANCE CARRIER NAME \_\_\_\_\_

INSURANCE POLICY # \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



ANNUAL PERMIT FEE \$ \_\_\_\_\_

DATE PAID \_\_\_\_\_

SLOW MOVING VEHICLE INSTALLED \_\_\_\_\_

REAR VIEW MIRROR INSTALLED \_\_\_\_\_

SIGNED \_\_\_\_\_

**ALL PERMITS EXPIRE ON DECEMBER 31 OF THE YEAR IN WHICH THEY WERE ISSUED.**