



CITY OF BUENA VISTA

Golf Cart Operator Permit Application

APPLICANT INFORMATION

OWNER: _____
ADDRESS: _____
PHONE: _____ EMAIL ADDRESS: _____

VEHICLE INFORMATION

TYPE: _____ MAKE/MODEL: _____
VIN OR SERIAL NUMBER OF VEHICLE: _____

REQUIREMENTS

I hereby certify that I possess liability insurance coverage (either as a rider on a homeowner's policy or a separate vehicle policy) on the above referenced vehicle. I also certify that this vehicle has the following equipment and is inspection-ready: efficient brakes; reliable steering; a horn; safe tires; a rearview mirror; and red reflectorized warning devices in front and rear. If this vehicle is to be operated from dusk to dawn, I hereby certify that it will also be equipped with the following equipment: headlights; turn signals; and a windshield.

I swear that the information contained in this application is, to the best of my knowledge, true and complete. I have received a copy of and further agree to abide by the rules and regulations of the City of Buena Vista Golf Cart Operator's Manual.

Signature of Owner: _____ Date: _____

PERMIT ISSUED

- Proof of vehicle ownership (bill of sale or affidavit of ownership - see reverse)
- Proof of owner's valid Driver License DL# _____
- Fee Paid \$_____ Decal Number: _____ DECAL TO BE PLACED ON REAR FENDER

Date Processed: _____ Registration Expires: _____

Initials of Permit Technician: _____

AFFIDAVIT OF OWNERSHIP

I hereby certify that I am the owner of the vehicle described below:

I swear that the information contained in this application is, to the best of my knowledge, true and complete.

Signature of Owner: _____ Date: _____