



## Golf Cart License Application

Submit in Person to: Police Department at 11955 Champlin Drive

**To obtain a permit, the following information is required:**

- License Application
- Make, model, year, and vehicle identification number of the golf cart
- Proof of current insurance for the motorized golf cart
- Current driver's license
- Initial Fee: \$150  
Renewal Fee: \$50

### APPLICANT INFORMATION

Applicant's Full Legal Name (Must be Owner):

Applicant's E-Mail:

Applicant's Phone Number:

Applicant's Permanent Address:

City:

State:

Zip:

Applicant's Mailing Address (If Different):

City:

State:

Zip:

Applicant's Driver's License Number:

DOB:

Are you applying as a physically disabled person?

Yes

No

### GOLF CART INFORMATION

Make:

Model:

Serial Number:

Color:

### INSURANCE INFORMATION

Company:

Policy Number:

Effective & Expiration Date:

### PERMIT AGREEMENTS, CONDITIONS, & REGULATIONS

I have received, read, and understand the City of Champlin ordinance pertaining to the operation of golf carts on local streets. I have also received and understand the map titled "Roadways for Operation of Golf Carts". I agree to operate my golf cart in compliance with city ordinance, the associated map, and/or the Minnesota Statutes. I understand the requirements of my golf cart as stated in the city ordinance and will comply. I understand that this permit is a one-year permit and will need to reapply in the following year if I wish to continue using my golf cart. I understand that violation of city ordinance, associated map, and/or state statutes may be grounds for a fine or revocation of my permit.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**\*Approved permits must be picked up at the Champlin Police Department in person.**

POLICE DEPARTMENT USE ONLY

Applicant must initial the following, stating their golf cart meets the requirements below:

\_\_\_ Slow-moving vehicle emblem

\_\_\_ Rear view mirror

\_\_\_ Parking brakes

\_\_\_ Proof of insurance

\_\_\_ Proof of credible assurance of disability, such as state-issued parking placard or verbal statement, if applicable (if checked yes above)

Date Permit Issued: \_\_\_ / \_\_\_ / \_\_\_

By: \_\_\_\_\_  
City Staff Name

Golf Cart Permit Expiration Date: 10 /31 /202

Golf Cart Permit Number: \_\_\_\_\_

**\*The Permit sticker must be displayed on the rear driver-side bumper and be visible at all times.**