



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
- ☐ Annual Fee: \$100

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.**