

City of Spicer      GOLF CART OR 4 WHEEL ATV PERMIT APPLICATION  
217 Hillcrest Avenue  
PO BOX 656, SPICER, MN 56288  
320.796.5562  
[www.cityofspicer.com](http://www.cityofspicer.com)



APPLICANT INFORMATION

FIRST NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
DRIVERS LICENSE #: \_\_\_\_\_ AGE: \_\_\_\_\_  
REASON FOR NOT HAVING CURRENT LICENSE: \_\_\_\_\_  
HANDICAPPED PARKING TAG #: \_\_\_\_\_  
NATURE OF APPLICANT'S PHYSICAL DISABILITY: \_\_\_\_\_

GOLF CART / 4 WHEEL ATV INFORMATION

GOLF CART       ATV

MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
YEAR: \_\_\_\_\_  
SERIAL NUMBER: \_\_\_\_\_

SLOW MOVING SIGN INSTALLED:       YES       NO

REAR VIEW MIRROR INSTALLED:       YES       NO

INSURANCE INFORMATION

INSURANCE COMPANY NAME: \_\_\_\_\_

POLICY #: \_\_\_\_\_

COPY OF POLICY MUST BE INCLUDED WITH APPLICATION

POLICY EFFECTIVE DATE: \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Office Use:  
Date Paid \_\_\_\_\_ Check # \_\_\_\_\_