

PERMIT: _____

ICR: _____

**APPLICATION FOR GOLF CART OR ATV PERMIT
CITY OF GAYLORD**

NAME _____

ADDRESS _____

SPECIFIC STREETS GOLF CART WILL BE USED ON _____

TELEPHONE # _____

DRIVER'S LICENSE # _____

INSURANCE CO _____

(Need copy of Insurance card)

ATTACHED PHYSICIAN'S NOTE (Physically able to operate golf cart or
ATV) _____

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

APPROVED REASON: _____

DENIED _____

Police Chief

Date