

Application Golf Cart Permit

This application shall be completed and submitted to the South Coffeyville City Hall along with the appropriate application fee. (PLEASE PRINT)

Name: _____

Address: _____

Date of Birth: _____

Drivers License # _____ State: _____ Expiration: _____

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

ATV/Golf Cart Serial # or VIN: _____ Year: _____

Manufacturer: _____ Model: _____ Year: _____

By signing this application, I acknowledge that I have read the South Coffeyville Code of Ordinance pertaining to Golf Carts, and that I have been given the opportunity to ask any questions regarding that Ordinance. I acknowledge that I will comply with all of the provisions contained within said ordinance. I also acknowledge that by signing this application that I agree to indemnify the Town of South Coffeyville, OK. from any damages suffered by the applying party and any third party for personal injuries or injuries or damage to property resulting from a golf cart vehicle.

Date: _____

Applicant's signature