



City of El Paso

125 W. Front Street
El Paso, IL 61738
Ph# (309)527-4005

Golf Cart Permit Application

Owner's Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Principle Operators: Include copy of Drivers License & insurance card

Name: _____ D/L# _____

Name: _____ D/L# _____

Name: _____ D/L# _____

Make of golf cart: _____ Color: _____

Serial #: _____

Description of Cart: _____

Insurance Company: _____

Insurance Agent, Address & Phone: _____

Policy # _____

Signature of Applicant

Date

Sticker given _____



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FOR OFFICE USE ONLY:

Name of Inspector: _____ Date: _____

Department: _____ Effective Date: _____

Approved: _____
 YES NO

Reason if not approved: _____

Inspection Check List:

Copy of Insurance: _____

Copy of Drivers License: _____

Brakes & Brake lights work: _____

Steering wheel apparatus: _____

Tires: _____

Rearview mirror: _____

Slow moving sign on back: _____

Headlight: _____

Taillights: _____

Turn signals front & rear: _____



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WAIVER OF LIABILITY

The undersigned, _____, applicant to the City of El Paso, Illinois, for a permit to operate a golf cart upon the city streets of the City of El Paso hereby agrees to indemnify and hold the City of El Paso harmless from any and all claims, including any claims which may arise in the future from the operation of the golf cart of the undersigned applicant. This waiver of liability and indemnification agreement will apply to all occupants and drivers of the golf cart and extend throughout the time the undersigned applicant receives a permit to operate the golf cart within the City of El Paso.

Dated this _____ day of _____, 20 ____.

Signature of applicant