

City of Farmington

Municipal Building 322 E. Fort Street Room 101 Phone (309) 245-2011 Fax (309) 245-9123

Farmington, IL 61531 email: kstufflebeam@cityoffarmingtonil.com

| DATE: | APPLICATION # |
|-------|---------------|
| | |

GOLF CART/ UTV OPERATION APPLICANT

| Application Name: _ | | | |
|--------------------------|--|---------------------------|--|
| Address: | | | |
| Phone: | | | |
| Driver's License Number: | | Exp. Date | |
| Additional Operator | Information: | | |
| (Name) | (Address) | (Driver's License Number) | |
| (Name) | (Address) | (Driver's License Number) | |
| (Name) | (Address) | (Driver's License Number) | |
| (Name) | (Address) | (Driver's License Number) | |
| Insurance Company | Information: | | |
| Name: | | | |
| Address: | | | |
| Insurance Agent: | | | |
| Policy Number: | | | |
| This policy covers Liabi | lity Coverage for the golf cart or UTV | YES NO | |

| Circle 1 of the following: | | |
|---|---|---------------------|
| Golf Cart Information | Utility Terrain Vehicle (UTV) Information | |
| Manufacture: | | |
| Model Number: | Year of Manufacturer | |
| Color: _ | | |
| Special Description _ | | |
| _ | | |
| | | |
| G | OLF CART / UTV STREET OPERATORS | |
| | WAIVER OF LIABILITY | |
| The undersigned, as an | inducement to the City of Farmington to issue a golf cart/ UT | V operating permit |
| and in consideration of the C | ity doing so as well as other good and sufficient consideration | on, the receipt and |
| sufficiency of which is hereb | y acknowledged, does hereby waive any and all claims for d | lamages, penalties, |
| attorney's fees and fines, the u | undersigned has, or may have in the future, against the City of | Farmington arising |
| out of the undersigned's operat | ion of golf cart within the City of Farmington. | |
| Date: | | |
| Operator | | |
| If operator is under 21 years of a parent must also sign below, this waiver on behalf of the Op | making | |
| Date: | | |
| Parent of Operator | | |

| ***** | ******************INSP | ECTION R | EPORT **************** |
|------------|-------------------------------|--------------|----------------------------------|
| Police Of | ficer Inspector: (Officer) | | (Badge #) |
| | | Check Requ | uired Equipment |
| Brakes | Steering Apparatus | Tires | Rearview Mirror |
| Red Refle | ectorized Warning Front an | d Rear | O Slow Moving Emblem (Rear) |
| Headligh | t with a white light visible | from a dista | ance of 500 feet to the front |
| Rear tail | lamp with a red light visibl | e from a dis | stance of 100 feet from the rear |
| O Brake Li | ghts O Turn signal ligh | nts from bo | th front and rear visible |
| Proper C | Operation of Seat Belts for o | each seat. (| No modifications to Suspension |
| This Go | olf Cart / UTV meet all req | uirements c | of this Applicant: |
| (Officer | Signature) | | (Date) |
| Annual | Operation Fee of \$25.00 th | nat will exp | ire on April 30 of each year. |
| Annual | Operation Fee is collected | for the cale | endar year. |
| Permit | Decal Number Issued: | | |
| Signed: | (Officer) | | (Date) |