

Fee: \$10.00 per golf

cart

Application For Permit To Operate Motorized Golf Cart On Roadways Within City of Hutchinson

All applications must be received at least 30 days before event in order to be considered

	Applio	cant Information			
Name:	First			Last	
	Address	City	State	Zip	
Phone Number:			<i>r</i> :		
	Daytime		Evening		
	Organization I	nformation (if applicable)			
	Organization Name			Phone Number	
Address		City	State	Zip	
Annual Permit		his section must be specific			
Date of event:		aving: Nu	imber of golf carts:		
Location leaving fi	rom:	Name			
		Address			
Location arriving a	nt:	Name			
		Address			

Miscellaneous							
Have the event locations been booked? YES NO The city ordinance does not permit golf carts on public roadways ½ hour before sunset, have you made arrangements to ensure the golf carts are returned before this time?							
☐ YES ☐ NO Explain:							
The city ordinance requires that all persons driving a golf cart be 18 years of age or older and must have a valid Minnesota driver's license, does everyone driving golf carts meet these qualifications? YES NO Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance? YES NO							
☐ YES ☐ NO Are the golf carts insured to be on the City of Hutchinson roadways? ☐ YES ☐ NO							
I hereby certify that I have completely filled out the entire above application, together with the attached Release of Information Form, and that the application is true, correct, and accurate. I further certify that no golf cart operator or passenger shall possess an opened alcohol container. Signature of Applicant Date							
Recommendation of Police Services							
☐ Approved with no changes							
☐ Approved with modifications to route or time:							
□ Denied:							
Action of City Council:							

Release of Information Form

As an applicant for a permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking an application for a permit, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Inform	nation (Please Print)						
Name:	First Name		Middle Name		Last Name		
Address:						_	
						_	
City		County		State	Zip		
Date of Birth:							
-	Month	Day		Year			
Place of Birth:							
	City		State				
Social Security	Number:					_	
Driver's Licens	e Number:					_	
Applicant's Signature			Date				