



CITY OF EARLHAM 140 S CHESTNUT AVE BOX 518 EARLHAM, IA 50072 (515) 758-2281

GOLF CART, ATV, UTV PERMIT 2024 - 2026

Name of Owner: _____

Address: _____

Phone Number: _____ Cell: _____

Email Address: _____

Driver's License #: _____ Expiration Date: _____

Golf Cart, ATV, UTV Information (Circle Type): Year: _____ Model: _____

Make: _____ Serial Number: _____

Liability Insurance Company: _____

Policy #: _____ Expiration Date: _____

____ I hereby state that the golf cart to be operated upon City streets in Earlham shall be in good mechanical condition, thoroughly safe for transportation of passengers, and equipped with, a bicycle safety flag a minimum of five feet from ground level, adequate brakes, working headlights & brake lights, properly functioning unaltered factory exhaust muffler and clearly audible horn.

____ I acknowledge I have received and read a copy of the City of Earlham Golf Cart/ATV/UTV Ordinance, and will abide by the regulations set forth in the Ordinance.

____ I agree to affix (yellow) reflective tag on the "**LEFT**" (driver's side) rear wheel well or similar component.

____ I agree to provide valid liability insurance covering the golf cart, ATV or UTV in the same limits as required of automobiles by the financial responsibility provisions of Chapter 321A of the Code of Iowa, and to provide or update liability insurance information to the City of Earlham if I change policies or upon policy renewal.

____ I understand that permits may be suspended or revoked upon violation of the conditions of the permit or abuse permit privileges. There will be no refund of the permit fee.

Signature of Owner

Date

For the City of Earlham

Date

(for office use)

Permit Fee: **\$75.00**

Date Paid: _____ Check#, or Cash: _____

Date Approved: _____ (city has received fee, owner info, vehicle info, insurance info, completed app)

Permit Number: _____ Permit Valid Until: **April 1, 2026**

Maintain your copy of this form with you or on the vehicle when operating machine.