GOLF CART PERMIT APPLICATION AND REGISTRATION

NAME: _______________________________ ADDRESS: _______________________________

PHONE: (____)_______-_________ EMAIL ADDRESS: _______________________________

GOLF CART MAKE: _______________________________ MODEL: _______________________________

COLOR: _______________________________ SERIAL NUMBER: _______________________________

INSURANCE COMPANY: _______________________________ POLICY #: _______________________________

I hereby certify that I possess liability insurance coverage (either as a rider on a homeowner’s policy or a separate vehicle policy) on the above referenced vehicle. I also certify that this vehicle has the following equipment and is inspection-ready: brakes, turn signals, brake lights, safety belts, reliable steering, horn (meeting the standards of Chapter 316.271, Florida Statutes), safe tires, and a rearview mirror. Red reflectorized warning devices in front and rear. If this vehicle is to be operated from dusk to dawn, I hereby certify that it will also be equipped with the following equipment: headlights and a windshield.

I swear that I am the owner of the golf cart described above and the information contained in this application is, to the best of my knowledge, true and complete. I have received a copy of and further agree to abide by the rules and regulations of the City of New Port Richey’s Golf Cart Operator’s Manual.

OWNER’S SIGNATURE _______________________________ DATE __________/________/________

State of Florida, County of Pasco. Sworn to and subscribed before me this __________ day of __________, 20__ by _______________________________ who (___) is personally known to me or (___) produced __________________ as identification.

______________________________
NOTARY PUBLIC OR ATTESTING OFFICER

“DEPARTMENT USE ONLY”

REQUIRED EQUIPMENT (after sunrise):
☐ Reliable Steering
☐ Horn (meeting standards of FS 316.271)
☐ Red reflectorized warning devices affixed to front and rear of golf cart

REQUIRED EQUIPMENT (after sunset), all above plus:
☐ Functioning headlights
☐ Fee Paid $25

☐ Proof of owner’s valid Driver License # ________________

PERMIT/REGISTRATION & DECAL #: _______________________________

INSPECTOR’S SIGNATURE & EMPLOYEE NUMBER _______________________________ DATE __________/________/________

Application to be made in person at the New Port Richey Police Department 6739 Adams St, New Port Richey.

Rev. 5/23/2016

Hours of Operation: Monday, Wednesday & Friday, 8:00 a.m. to 4:00 p.m.