

City of Farmington

Municipal Building 322 E. Fort Street Room 101 Farmington, IL 61531

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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)