

APPLICATION FOR LOW-SPEED VEHICLE/GOLF CART PERMIT

City of Madison, Georgia



Name: (as it appears on driver's license) _____

Home Address: _____

Phone Number: (Home): _____ (Cell): _____

Date of Birth: _____ Driver's License Number: _____ State: _____

Insurance Company: _____ Policy Number: _____

(Copy of Proof of Insurance Attached)

Minimum Liability Insurance Requirements of O.C.G.A. 33-7-11(a)(1)(A): Not less than \$25,000.00 because of bodily injury to or death of one person in any one accident, and, subject to such limit for one person, \$50,000.00 because of bodily injury or death of two or more persons in any one accident, and \$25,000.00 because of injury to or destruction of property. (25-50-25).

Vehicle Information: Low Speed Vehicle Golf Cart

Make: _____ Model Year: _____ Tag Number (if required): _____

I understand that I am required to have this vehicle inspected for compliance with Federal, State and Local requirements, and upon approval, will be issued a Permit Decal from the City of Madison. This decal will be affixed to the vehicle and is valid for a period of 5 years. I understand that I am required to maintain the minimum liability insurance required by the State of Georgia. I understand that I am responsible for the safe and lawful operation of this vehicle, and any violations could result in the suspension of this permit. I will notify the City of Madison of any change of ownership of this vehicle.

Applicant's Signature: _____

Official Use only

Date Inspected: _____ Approved Denied

Permit Number: _____ Date of Expiration: _____

If denied, reason: _____

Inspection Officer's Signature: _____ Police Chief Signature: _____