CITY OF PLYMOUTH

*City Hall * P.O. Box 278 * 616 BROAD ST * PLYMOUTH, IA 50464 * Phone 641-696-3363*
email: plymouth@myomnitel.com

GOLF CART REGISTRATION

*PLYMOUTH PERMIT #*_____ VALID JAN. 1- DEC. 31, _____
(Unless revoked due to violation)

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ DL# & Exp. Date: _____

Proof of Insurance- Provider: _____ Agent: _____ Ph# _____

Policy # _____ Meets State Liability Limits: _____

I understand this permit is issued to me and is to be clearly displayed on front of Golf Cart. I understand all drivers must meet requirements of the City Of Plymouth Ordinance #127 effective December 3, 2015, and that I have received a copy of Ordinance #127-2015.

CITY OF PLYMOUTH GOLF CART PERMIT
CITY CLERK INSPECTION LIST

_____**A.** Slow moving vehicle sign;
_____**B.** A bicycle safety flag, the top of which shall be a minimum of 5 feet from ground level
(Code of Iowa, Sec. 321.247)
_____**C.** Evidence that the operator is at least sixteen (16) years of age and possesses a valid driver's license.
_____**D.** Proof that the owner/operator has the state minimum requirement for liability insurance covering operation of golf carts on City streets.

Signature of Operator/Owner: _____ Print: _____

Signature of Operator/Owner: _____Print: _____

Date Pd: _____ Approved by: _____
Check or Cash $25 City Clerk of Plymouth

CC:
- ❑ City File

City Seal: