

GOODHUE OFFICE USE ONLY:

DATE APPLICATION RECEIVED	PROOF OF INSURANCE
APPLICANT DRIVING STATUS	
PERMIT ISSUED: _____ PERMIT DECLINED: _____	
PERMIT ISSUED DATE	PERMIT EXPIRATION DATE
PERMIT NUMBER	METHOD OF PAYMENT

NOTICE TO APPLICANT: Application needs to be filled out completely. Incomplete applications or falsified applications may be denied at the discretion of the Goodhue County Sheriff's Office. Read below information, complete entire application, sign and date at the bottom, then return completed application to the Goodhue City Hall at 405 Broadway St. N. Goodhue, MN, 55027. For questions call City Hall at 651-923-4310.

SECTION 1: APPLICANT INFORMATION

APPLICATION DATE	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
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APPLICANT STREET ADDRESS	CITY	STATE	ZIP
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CELL PHONE	HOME PHONE	DRIVERS LICENSE NUMBER	DL STATE
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SECTION 2: GOLF CART INFORMATION

MAKE	MODEL	SERIAL NUMBER	COLOR
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OCCUPANCY (# of seats)	DESCRIPTION	DNR REGISTRATION (if applicable)
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SECTION 3: INSURANCE INFORMATION

POLICY NUMBER	INSURANCE PROVIDER	AGENTS NAME	AGENTS PHONE
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SECTION 4: APPLICANT ACKNOWLEDGEMENT AND UNDERSTANDING OF GOODHUE CITY ORDINANCE PERTAINING TO REGULATION/OPERATION OF MOTORIZED GOLF CARTS ON PUBLIC ROADWAYS.

ANNUAL PERMIT AND REGISTRATION FEE: \$15.00

I have received, read and understand the City of Goodhue's Ordinance pertaining to Motorized Golf Carts. By signing below, I agree to operate my Motorized Golf Cart in compliance with said City Ordinance and Minnesota Statutes. I also understand that violation of City Ordinance and/or Minnesota Statutes may be grounds for revocation of my Motorized Golf Cart Permit.

APPLICANT SIGNATURE: _____ **DATE:** _____

APPLICANT'S EMAIL: _____