

CITY OF MARION

APPLICATION FOR
GOLF CART PERMIT

I. NAME & ADDRESS OF APPLICANT

OWNER NAME _____

DL# _____

ADDRESS _____

DAYTIME TELEPHONE _____

II. INSPECTION

Signature of Inspection by Sherriff's Department

*** NOTE: APPROVAL OF GOLF CART PERMIT BY THE CITY OF MARION
GRANTS PERMISSION TO DRIVE A GOLF CART ACCORDING TO CITY
ORDINANCES AT SPECIFIED LOCATIONS. APPLICANT IS SUBJECT TO
APPLICABLE STATE LAWS**

Signature of Applicant

FOR OFFICE USE ONLY

DATE GOLF CART PERMIT ISSUED _____

GOLF CART PERMIT NUMBER _____

GOLF CART PERMIT FEE \$ _____

PROOF OF INSURANCE _____