

**CITY OF BYRON
GOLF CART / MOTORIZED VEHICLE PERMIT**

Owner's Name: _____

Owner's Address: _____

Phone Number: _____ Email: _____

Type of Motorized Vehicle: _____

Driver License Number: _____

Insurance Company: _____ Policy Number: _____

By signing the application, the owner understands that insurance is required to operate a golf cart or other utility vehicle on Byron streets. Owner understands that all operators must be 16 years of age and possess a valid driver's license. All rules and regulations must be followed per Byron Ordinance Chapter 76 and the owner of the golf cart or motorized vehicle is responsible for any violations.

Signature: _____ Date: _____

Please attach the following:

1. A copy of the owner's valid drivers license.
 - A. If the owner does not have a valid drivers license, the owner must include a certificate signed by a licensed physician stating the owner is able to safely operate a motorized golf cart or an all-terrain vehicle.
2. Proof of valid insurance including policy number and insurance company. Policy must include insurance coverage for all-terrain vehicles or motorized golf carts.
3. ATVs must include valid DNR registration.

Requirements:

1. Operator **must** be 16 years of age **and also** possess a valid drivers license.
2. Hours of operation are limited to - from dawn until dusk.
3. Slow moving Vehicle Sign is required for all golf carts.
4. Shall not cross Highway 14.
5. Shall not drive along 2nd Ave NW (County Road 5).
6. Shall not drive on the walking/biking trail system and/or sidewalks.
7. See City Code Chapter 76 for complete list of rules and regulations.

For Office Use Only:

Expiration Date: December 31, 20_____

City Staff Signature

Date