

**CITY OF CHILLICOTHE
APPLICATION FOR GOLF CART PERMIT**

DATE: _____

PERMIT NO. _____

GENERAL INFORMATION

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone No. _____

Cell No. _____

Applicant's Driver License No. _____ State: _____

INSURANCE INFORMATION

Insurance Carrier: _____

Policy Number: _____

GOLF CART INFORMATION

Make: _____

Model: _____

ADDITIONAL OPERATORS

Name: _____

Address: _____

Serial Number: _____

General Description: _____

Name: _____

Address: _____

I acknowledge that I have applied to the City of Chillicothe, Illinois (the "City") for a permit to operate a golf cart/low speed vehicle (the "Vehicle") within the City. I hereby agree to assume the full risk of any damage or injury to person or property which may be sustained as a result of the operation of the Vehicle and to indemnify, defend and hold harmless the City for any and all costs, losses, expenses or damages incurred by the City (including attorneys fees and costs) as a result of the operation of the Vehicle. I hereby waive and relinquish all claims which I now have or may subsequently have as a result of the operation of the Vehicle, and fully release and discharge the City and its officers, employees, agents, members and servants, from any claims that may arise from the operation of the Vehicle.

I have received, read and understand the "Golf Cart Ordinance." I have paid the permit fee for the above golf cart. I also understand that the City of Chillicothe Police Department and/or City of Chillicothe interpretation of all the rules and regulations are final. I will insure that any assigned proof of compliance will remain attached to the golf cart at all times. I furthermore insure that I will obey all the rules and regulations set forth by the City of Chillicothe concerning the operation of a golf cart with the City limits.

Signature of Applicant

~~~~~**OFFICIAL USE ONLY**~~~~~

Inspected by: \_\_\_\_\_

Date Inspected: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_