

**CITY OF CALAMUS
GOLF CART PERMIT APPLICATION**

Name of Owner: _____

Mailing Address: _____

Please list all drivers that will be driving the cart for this application

Applicate agrees the golf cart will have a bicycle safety flag, slow moving vehicle sign and all drivers are above the age of 16 and possess a valid driver's license:

_____ Date: _____

Signature

A copy of a valid driver's license for all listed drivers and proof of insurance must accompany this application.

Approved: _____ Denied _____

Reason for Denial: _____

_____ Date: _____

Signature of City Representative

This application may be mailed to City of Calamus P.O. Box 248, Calamus, Iowa 52729 or placed in the City drop box located on the north side of 198 2nd Street.