



APPLICATION FOR GOLF CART PERMIT

I hereby make application for a license to operate a golf cart on the City of Dell Rapids streets.

Owners Name: _____ Phone: _____

Street Address: _____

Vehicle Identification Number: _____

I have read and will adhere to rules and regulations set forth by Ordinance Number 781 & 800.

Signed _____

Date: _____

Office Use Only:

Permit # _____

Paid: _____