

City of Olivia
1009 Lincoln Ave West
Olivia, MN 56277

Golf Cart Application

Valid for Calendar Year: _____ Permit No. _____
Vehicle Owner Last Name: _____ First: _____ Middle Initial: _____
Address: _____ Phone: _____
Date of Birth: _____ Valid Driver's License Number: _____
Email Address: _____

Insurance Information

Insurance (No Fault) Company: _____
Insurance Policy Number: _____
Insurance Carrier/Agency Name: _____

Type of Vehicle

Year: _____ Make: _____ Model: _____ Color: _____
Serial #: _____ Slow Moving Vehicle Sign: Yes or No Rear View Mirror: Yes or No

<p>The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for a permit to operate a Golf Cart in the city limits of Olivia, you are being asked to provide private data about yourself which will be used to check various databases to determine your eligibility. You may refuse to provide this information; however, should you refuse, the driver's license check cannot be completed and your application will not be processed. Providing the information will permit the driver's license check to be completed. The result of the check may be either affirmative or negative. The information you provide may be shared with other law enforcement agencies, via court order or as otherwise authorized or required by law. I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY FURTHERMORE; I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</p>	
<p>APPLICANT SIGNATURE:</p>	<p>DATE:</p>

Police Officer: _____ Clerk/Staff: _____
Date Approved: _____ Permit Fee: \$20.00 Date Paid: _____