



Golf Cart / ATV Permit Application

City Registration #: _____

Name: _____

Age: _____ DL#: _____

Address: _____ Phone #: _____

Golf Cart / ATV Info

Make: _____ Model: _____ Year: _____

Color: _____ Vin #: _____

Insurance Provider: _____ Policy #: _____

This section applies to **Golf Carts ONLY:**

Requirements

Headlights Tail Lights Safe Operating Condition

Brake Lights Turn Signals Slow Moving Placard

Seatbelts

Officer's Signature: _____ Date: _____

I acknowledge the receipt of Ordinance #17-2015 & #9-2018 and do agree to abide by all requirements of these City of Batesville Ordinances.

Applicant's Signature: _____ Date: _____