

***CITY OF SULLIVAN
2 W HARRISON ST
SULLIVAN, ILLINOIS 61951***

APPLICATION FOR GOLF CART/UTV LICENSE

1. Name of Applicant: _____
2. Address of Applicant: _____
3. Is the Applicant the owner of the golf cart/UTV? ____ Yes ____ No (check one)
4. Date of birth of Applicant: _____
5. (A) Does the Applicant have a valid Illinois driver's license? ____ Yes ____ No
(check one)
(B) Driver's license number: _____
6. (A) Does Applicant have liability insurance on the golf cart/UTV? __ Yes __ No
(check one)
(B) Name, address and phone of insurance company: _____

(C) Policy number: _____
(D) Attach photocopy of your insurance card to the application.
7. Applicant is to attach to the application a check in the amount of \$50.00 made to the order of the City of Sullivan as the license fee.

DATED this _____ day of _____, 20__.

Signature of Applicant

CITY OF SULLIVAN POLICE DEPARTMENT:

Inspected and approved this ____ day of _____, 20__.

Officer: _____