

TOWN OF MONROVIA
GOLF CART PERMIT APPLICATION

A permit may be issued for the operation of a golf cart in the Town of Monrovia if all requirements of Ordinance No. 2021-02 are met. No golf cart shall be operated on the streets of the Town unless the owner of such golf cart shall have obtained a valid and current golf cart permit from the Town.

Golf carts may only be operated on Town streets which have a posted speed limit of thirty-five (35) miles per hour or less. All golf carts shall operate cautiously and courteously and shall comply with all traffic laws and ordinances of the Town of Monrovia and the State of Indiana.

An operator of a golf cart shall be at least 16 years of age and hold a valid, current driver's license at all times while operating a golf cart.

All golf cart permits shall be valid for no longer than one (1) permit year (May 1 of a year to April 30 of the next year) and expire annually on April 30, regardless of the date upon which such permit is issued.

Applications for a golf cart permit shall be made to the Clerk Treasurer / Police Department on this application form for each permit year. The fee for such permit shall be \$15.00 for each permit year.

Prior to the issuance of a golf cart permit for each permit year, the golf cart shall pass an inspection by the Town Police Department. At the time of the inspection, the golf cart owner shall provide proof of financial responsibility.

All golf carts shall have all the following minimum safety equipment installed on or affixed to the golf cart at all times while the golf cart is in operation: (i) two operating headlights (one on each side of the front of the golf cart), (ii) two operating tail lights with brake lights (one on each side of the back of the golf cart), (iii) a rearview mirror, (iv) a slow-moving vehicle sign that complies with Indiana Code 9-21-9-2, as amended, and (v) brakes that comply with Indiana Code 9-19-3-1, as amended.

Upon issuance of a golf cart permit, the golf cart owner will be issued a registration form and decal with the registration year. The registration form and proof of financial responsibility shall be available for review at all times while the golf cart is being operated.

The decal shall be placed on the left rear of the golf cart so as to be visible at all times from the rear of the golf cart.

This Application Form is a summary of the requirements of Ordinance 2021-02 and is not a substitute, replacement or modification to or for the requirements of Ordinance 2021-02.

Applicant's Name _____
First Middle Last

Applicant's Address _____
City State Zip Code

Daytime Telephone Number _____ **Alternate Telephone Number** _____

Applicant's Signature _____ **Date** _____

Inspection Certificate and Registration Form **Decal Number:** _____

Golf Cart Year _____ **Make** _____ **Color** _____

Vehicle Identification Number _____

Insurance Company _____ **Policy Number** _____ **Effective Date** _____

The undersigned officer has inspected the golf cart described above. As of the date of inspection and the effective date of the permit, the golf cart described above complies with Ordinance 2021-02 and Ordinance Amendment No 1.

Officer Signature _____ **Date of Inspection and Effective Date of Permit** _____

Print Name _____

**TOWN OF MONROVIA GOLF CART / RECREATIONAL OFF ROAD VEHICLE
INSPECTION FORM**

Name: _____

Address: _____

Telephone: _____

Manufacturer: _____ Serial or ID #: _____

I have received a copy of Chapter 71.5 of the Town of Monrovia Code of Ordinances, which includes the rules and regulations related to operation and required equipment of a golf cart or recreational off-road vehicle. I acknowledge that I must comply with the provisions therein at all times and agree to pay any violation fines for failure to maintain compliance, as proscribed in the Ordinance.

Signature

Date

Required Equipment / Documentation	YES	Operable	NO
Headlights			
Taillights			
Rear View Mirror			
Proof of Insurance (agency and policy #)			
Valid Driver's License/ ID Card			
Slow Moving Vehicle (triangle)			

Police Officer or Designated Agent Printed Name

Date

Police Officer or Designated Agent Signature



OFFICE USE ONLY	
Date: _____	Tag #: _____
Amount Paid: _____	Expires # _____
Method of Payment (Check One):	Receipt # _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check / Money Order #: _____

Please return form to the Monrovia Government Center, 60 S. Church Street, Monrovia, IN 46157