

CITY OF FAIRFAX GOLF CART PERMIT 2024

Date: _____

Name of Applicant: _____

Address of Applicant: _____

Phone Number of Applicant: _____

Email Address of Applicant: _____

Date of Birth: _____ Current Age: _____

Driver's License #: _____ Expiration Date: _____

Name of Golf Cart Owner: _____

Golf Cart Information: Make: _____ Model: _____

Year: _____ Serial Number: _____

Liability Insurance Company: _____

Policy #: _____ Expiration Date: _____

____ I hereby state that the golf cart to be operated upon City streets in Fairfax shall be in good mechanical condition, thoroughly safe for transportation of passengers, and equipped with: a reflective slow moving vehicle sign, a bicycle safety flag a minimum of five feet from ground level, adequate brakes, headlights, taillights, and a mirror to provide the driver with adequate vision from behind.

____ I acknowledge I have received and read a copy of the City of Fairfax Golf Cart Ordinance, and will abide by the regulations set forth in the Ordinance.

____ I agree to affix reflective tag on the **"LEFT"** (drivers side) rear wheel well or similar component.

____ I agree to provide or update liability insurance information to the City of Fairfax if I change policies or upon policy renewal.

____ I understand that permits may be suspended or revoked upon violation of the conditions of the permit or abuse permit privileges. There will be no refund of the permit fee.

Signature of Applicant

GOLF CART PERMIT

Permit Fee: **\$30.00**

Date Paid: _____ Check#, Credit Card or Cash: _____

Date Approved: _____ (city has received fee, driver and owner info, cart info, insurance info and completed app)

Permit Number: _____ Permit Valid Until: **December 31, 2024**

Maintain your copy of this form with you or on the golf cart when operating machine.