



604 Main Street
PO Box 308
Plainfield, IA 50666

Phone (319) 276-3449
Fax (319) 276-3449

**UTILITY TRAIL VEHICLE (UTV) / GOLF CART PERMIT APPLICATION
TO OPERATE ON ROADWAYS WITHIN THE CITY OF PLAINFIELD**

Applicant's Information			
Name:	_____	_____	_____
	last name	first name	middle name
Address:	_____		
	_____	_____	_____
	city	state	zip code
Date of Birth:	_____		
Driver's License Number:	_____		

Type of Permit:

- Golf Cart permit (\$30 annual fee)
- UTV permit (\$30 annual fee)

Proof of Insurance Attached?

Yes []

No []

Year, Make, Model and Serial # of Golf Cart or UTV:

My signature acknowledges that I understand this permit, that is issued to me, will expire on December 31st every year. I also understand that the privilege to operate a UTV or golf cart on city streets may be suspended or revoked if found to be in violation of city ordinances and that I must follow all state laws and regulations involving my registered vehicle. I agree that I have received a copy of Ordinance No. 33. It is my responsibility to maintain liability insurance on the utv or golfcart and to prove such liability is in force at all times.

Applicant's Signature

Date

<u>For Office Use Only</u>	
Permit Number _____	_____
Date Approved _____	_____