



CITY OF WRIGHT CITY GOLF CART PERMIT APPLICATION

City of Wright City
636 Westwoods Rd
Wright City, MO 63390
636-745-3101

APPLICATION WILL ONLY BE ACCEPTED IF ALL DOCUMENTATION IS PROVIDED. NO EXCEPTIONS.

AN INSPECTION OF THE GOLF CART WILL BE CONDUCTED AT TIME APPLICATION IS SUBMITTED.

I hereby request a Golf Cart Permit for the year _____.

Permit Fee \$25.00

APPLICANT/OWNER INFORMATION:

PRINT CLEARLY

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Driver's License Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing address (if different than above): _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

**** A COPY OF YOUR DRIVERS LICENSE WILL BE REQUIRED**

VEHICLE INSURANCE INFORMATION:

Insurance Company: _____

Effective Date: _____ Expiration Date: _____

Policy Number: _____

****PROOF OF INSURANCE WILL BE REQUIRED (referenced by the serial number and year of model)**

OFF-ROAD UTILITY VEHICLE INFORMATION:

Make: _____ Model: _____ Color: _____

Classified as a low-speed vehicle: Yes or No

VIN/Serial Number: _____

** PROOF OF PAYMENT OF REGISTRATION AND PAYMENT OF ALL FEES AN TAXES RELATED TO UTV ARE REQUIRED
** A STATEMENT INDICATING THAT THE LSV MEETS OR EXCEEDS THE MINIMAL FEDERAL SAFETY REQUIREMENTS IS REQUIRED.

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PERMIT AGREEMENT AND CONDITONS:
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Please acknowledge the following by placing your initials on the line preceding the statement:

____ I acknowledge I have received and read a copy of the City of Wright City Off-Road Utility Vehicle and Golf Cart Ordinance and will abide by the regulations set forth in the Ordinance.

____ I understand the permit allows for use of an off-road vehicle on designated streets within the City of Wright City and shall be operated at the speeds defined in Ordinance ____.

____ Operators of vehicles using the City’s streets, avenues, or roadways pursuant to a special permit issued hereunder shall comply with all traffic laws contained in Title III, Traffic Code, of the Wright City Municipal Code.

____ The operation of off-road vehicles is expressly prohibited in all City Parks and on all public bike trails, walking trails, and sidewalks.

____ I agree to affix the reflective permit on the rear of the vehicle prominently displayed for Law Enforcement.

____ Every off-road vehicle operator shall have proof of insurance in possession while operating the off-road vehicle on designated streets and shall produce such proof of insurance on demand by Law Enforcement.

____ Every off-road vehicle operator shall have a valid drivers license in possession while operating the off-road vehicle on designated streets and shall produce such proof of insurance on demand by Law Enforcement.

____ I understand the Permit is effective until December 31st of applied calendar year.

____ As the applicant I am current on all city taxes and user fees to the best of my knowledge.

____ I understand and agree to follow all Wright City traffic laws and the conditions set forth in city code Section 340.

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

Applicant’s Signature

Date

Abbie Ogborn, City Clerk

Date Approved

For questions regarding the permit application contact City Clerk Abbie Ogborn at 636-745-3101
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Inspector Use Only

____ Reflectors ____ Single or dual seal beam headlight system ____ Taillights ____ Turn-Signals

____ Either a DayGlo triangular flag (located at least seven (7) feet above the ground) or slow-moving vehicle triangle (indicate which is being used)

Inspector: _____ Date: _____

Office Use Only

Application received: _____ Proof of Insurance: _____ Driver’s License: _____

Date Paid: _____ Amount: _____ Method: _____ Receipt: _____

Expiration: December 31, _____ Permit Number: Golf Cart - _____