

# Hopedale Police Department

101 SE Main St., Hopedale, Illinois 61747  
Dispatch: (309) 346-4141

## Application for Golf Cart/UTV License

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Contact of Applicant: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Applicant Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Is the Applicants Drivers License Valid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is Applicant the Owner of the Golf Cart/UTV? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the Applicant have liability insurance on the golf cart/UTV \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone# : \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

*(Must include a photo copy of insurance card & Drivers License with application prior to processing)*

### Vehicle Information

Brand of Golf Cart/UTV: \_\_\_\_\_

Model of Golf Cart/UTV: \_\_\_\_\_

Serial Number of Golf Cart/UTV: \_\_\_\_\_

Color of Golf Cart/UTV: \_\_\_\_\_

Year of Golf Cart/UTV: \_\_\_\_\_

Number of Passengers  
Designed to Carry: \_\_\_\_\_

Description of Golf Cart/UTV: \_\_\_\_\_

I, \_\_\_\_\_ by signing below, do hereby declare the information provided by me on this form is accurate and correct to the best of my knowledge. I have received, read and understand the Golf Car/UTV Ordinance of the Village of Hopedale. I acknowledge and agree that I will assume ALL liability, and am fully responsible for the operation of the above vehicle. I also acknowledge and agree that the Village of Hopedale, in authorizing and providing regulations, is in no way endorsing said operation, and does not and will not assume any liability in said operation. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE VILLAGE OF HOPEDALE, for any and all liability arising from said operation. I further acknowledge and agree the City interpretation of said Ordinance is final and that I will obey all regulations in said Ordinance.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

*Applicant complete front of form only*

***For Official Use Only***

Date Application Received: \_\_\_\_\_

Officer Conduction Vehicle Inspection: \_\_\_\_\_ Date : \_\_\_\_\_

Brand of Golf Cart/UTV: \_\_\_\_\_

Model of Golf Cart/UTV: \_\_\_\_\_

Serial Number of Golf Cart/UTV: \_\_\_\_\_

Year of Golf Cart/UTV: \_\_\_\_\_

**Equipment**

Must be installed and functioning properly at time of inspection/operation on roadway

Headlights (visible from at least 500ft.):	_____	Yes	_____	No
Horn:	_____	Yes	_____	No
Rearview Mirror:	_____	Yes	_____	No
Brakes:	_____	Yes	_____	No
Steering Apparatus:	_____	Yes	_____	No
Proper Tires:	_____	Yes	_____	No
Tail Lights (visible from at least 100ft.):	_____	Yes	_____	No
Brake lights on rear:	_____	Yes	_____	No
Turn Signals on front and rear:	_____	Yes	_____	No
Slow moving vehicle emblem (625 ILCS 5/12-709)	_____	Yes	_____	No
Vehicle condition appears safe for roadway operation:	_____	Yes	_____	No

Does Golf Cart/UTV Pass physical inspection? \_\_\_\_\_

Officer Signature: \_\_\_\_\_

Officer Comments: \_\_\_\_\_

\_\_\_\_\_

Permit issues? \_\_\_\_\_ Yes \_\_\_\_\_ No

Permit / Plate Number: \_\_\_\_\_

Permit issued by: \_\_\_\_\_ Date: \_\_\_\_\_