



City of Jacksonville

City Clerk's Office
200 West Douglas Avenue, Jacksonville, IL 62650
Phone: 217-479-4613

Golf Cart and UTV Application

(For City Street Operation – To be completed by April 30 each year)

Please Print or Type

1. Name: _____

2. Address: _____

3. Date of birth: _____

4. Valid Illinois drivers license number: _____

5. Is the Applicant the owner of the golf cart/UTV? Yes No

6. Name, address and phone number of insurance company: _____

Policy number: _____

A Certificate of Insurance in compliance with the provisions of the Illinois Statutes regarding Minimum liability insurance for passenger motor vehicles to be operated on the roads of the State of Illinois is required.

7. Attach a photocopy of your driver's license and insurance card to the application.

Signature: _____ *Date:* _____

CITY CLERK'S OFFICE: _____ **Approved** _____ **Denied**

Signature: _____ *Date:* _____

License No.: _____

Golf Cart Inspection Report
For City Licensing Requirements
(to be completed by April 30 each year)

Name of Owner: _____

Address of Owner: _____

DESCRIPTION OF VEHICLE:

Year _____ Make _____ Serial Number _____

Indicate working condition and functioning:

1. Brakes _____
2. Steering Wheel Apparatus _____
3. Tires _____
4. Rearview Mirror _____
5. Red Reflector warning devices on front and rear _____
6. A slow moving emblem (as required of other vehicles at 625 ILCS 12-709 on the rear of the golf cart) _____
7. A headlight that emits a white light visible from a distance of at least five hundred feet to the front _____
8. A tail lamp that emits a red light visible from a distance of at least one hundred feet from the rear _____
9. Brake lights on the rear of the vehicle _____
10. Windshield _____
11. Horn _____
12. Turn signals _____
13. Seatbelts _____
14. Notes _____

CITY OF JACKSONVILLE POLICE DEPARTMENT:

Inspected and approved this _____ day of _____ 20_____.

Officer Name: (Please print): _____

Officer Signature: _____