



Village of South Jacksonville

301 Dewey Drive, South Jacksonville, IL, 62650

Phone: 217-245-4803 Fax: 217-245-5641

www.southjacksonville-il.gov

GOLF CART APPLICATION

Name: _____
(Last) (First) (Middle Initial)

Current Address: _____
(Street Address)

(City) (State) (Zip Code)

Date of Birth: _____ Telephone Number: (_____) - _____ - _____
Month/Day/Year

Applicant's Driver's License Number: _____ State of Issue: _____
(A copy of Applicant's Driver's License must be attached to this application)

Is Applicant the Owner of the Golf Cart? • Yes • No If no, list name of owner: _____

Name of Person with Liability Insurance: _____

Insurance Policy Number: _____

Insurance Company Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Telephone Number: (_____) - _____ - _____

(A copy of Applicant's Insurance Card must be attached to this Application)
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.

(Signature of Applicant)

(Date)

I, _____, by signing below, do hereby declare the information provided by me on this form to be accurate and correct to the best of my knowledge. I have received, read, and understand the Golf Cart Ordinance of the Village of South Jacksonville (Ordinance #_____). I acknowledge and agree that I will assume all liability, and am fully responsible for the possession, use, and operation of the above golf cart. I also acknowledge and agree that the Village of South Jacksonville, in authorizing and providing regulations, does not and will not assume any liability arising from or relating to possession, use of operation thereof. I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE VILLAGE OF SOUTH JACKSONVILLE, for any and all claims, causes of actions, damages, and liability of any kind or nature arising from or relating to the possession, use, or operation of the above-referenced golf cart. I further acknowledge and agree the Village's interpretation of said Ordinance is final and that I will obey all regulation in said Ordinance.

(Signature of Applicant)

(Date)

VILLAGE OF SOUTH JACKSONVILLE- VILLAGE CLERK'S OFFICE

Application Completed	• Yes • No	Valid Driver's License	• Yes • No
Waiver and Indemnification Signed	• Yes • No	Valid Insurance Coverage/Card	• Yes • No
Approved and Date	• Yes • No ____/____/____	Denied and Date	• Yes • No ____/____/____

(Signature of Village Clerk)

(Date)