



Golf Cart Operator Permit Application

City of Oldsmar

www.myoldsmar.com

Applicant Information

Golf Cart Owner Name(s): _____

Mailing Address: _____

Gull Aire Address: _____

Phone: _____ Email Address: _____

Vehicle Information

Make/Model: _____

VIN or Serial Number of Vehicle: _____

Requirements

I hereby certify that I am the owner of the golf cart and possess liability insurance coverage (either as a rider on a homeowner's policy or a separate vehicle policy) on the above referenced vehicle. I also certify that this vehicle has the following equipment and is inspection-ready: efficient brakes, reliable steering, a horn, safe tires, a rearview mirror, and red reflectorized warning devices in front and rear. If this vehicle is to be operated from dusk to dawn, I hereby certify that it will also be equipped with the following equipment: headlights, brake lights, turn signals, and a windshield.

I swear that the information contained in this application is, to the best of my knowledge, true and complete. I agree to abide by the rules and regulations of the City of Oldsmar.

Signature of Owner: _____ Date : _____

Permit Issued

- Proof of insurance
- Fee Paid \$ _____ Decal Number: _____ **Decal to be placed on rear fender.**

Date Processed: _____ **Registration Expires:** _____ **Approved by:** _____

City of Oldsmar Planning & Redevelopment Department, 100 State Street West
Hours of Operation: Monday – Friday, 8:00 a.m. to 5:00 p.m.