

Village of Brandon - GOLF CART REGISTRATION

I hereby am applying under the Village of Brandon Ordinance #2018-01 to register my golf cart so it can be legally operated on streets within the Village of Brandon. Licenses run on a calendar year basis.

Fee: \$50.00 initial application fee \$30.00 annual renewal

Name: _____

Address: _____

Mailing Address (if different): _____

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

Home Phone /Cell Phone Numbers: _____ (h) _____ (cell)

Make/Model/Color of Golf Cart: _____

Serial Number: _____

Name of Insurance Company*: _____

Liability Insurance Policy Number*: _____ (copy attached) Yes No

I hereby certify that:

- 1) I have received and read Ordinance #2018-01;
- 2) My golf cart is adequately equipped with ALL items as contained in the Ordinance #2018-01 including but not limited to all details relating to the operation of the cart, safety features and registration requirements;
- 3) I have liability insurance on my golf cart that meets Wisconsin's minimum coverage requirement

Signature: _____ Date: _____

CONTACT (920) 346-5555 TO SCHEDULE AN INSPECTION APPOINTMENT

Or (920)-346-5415 (Brandon Clerk's Office) if follow-up with an officer is needed

*Note: You must have liability insurance that meets Wisconsin's minimum coverage requirement before your cart can be driven on any Village roadway.

For Office Use: Inspection Checklist

- | | | |
|--|---|--|
| <input type="checkbox"/> Working Signal lights | <input type="checkbox"/> Reflective Slow Moving Sign | <input type="checkbox"/> Working brakes |
| <input type="checkbox"/> Safe & proper tires | <input type="checkbox"/> Two red reflectors 3" high on front and rear bumpers | |
| <input type="checkbox"/> Reliable steering apparatus | <input type="checkbox"/> Working Signal lights | <input type="checkbox"/> Unmodified from mfg. specifications |
| <input type="checkbox"/> Working Headlight | <input type="checkbox"/> Rear View Mirror | <input type="checkbox"/> Completed Application with Insurance Attached |

INSPECTION APPROVED

INSPECTION FAILED

BRANDON-FAIRWATER POLICE DEPT: _____ DATE: _____

REGISTRATION YEAR: _____ REGISTRATION NUMBER: _____

Payment Information: _____ Date: _____

Copy of the ordinance will be attached to each approved application and returned to the applicant