



**CITY OF ST. PETE BEACH
Golf Cart Operator Permit**

APPLICANT INFORMATION

Owner: _____
Address: _____
Phone: _____ e-mail address: _____

VEHICLE INFORMATION

Type: _____ Make/Model: _____
Vin or Serial Number of Vehicle: _____

AFFIDAVIT OF OWNERSHIP & REQUIREMENTS

I hereby certify that I am the owner of the vehicle described below:

I hereby certify that I 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 is 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 have received a copy of and further agree to abide by the rules and regulations of the City of St. Pete Beach Golf Cart Operator's Manual.

Signature of Owner: _____ Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____ who is personally known to me or has produced _____
_____ as identification and who (did/did not)
take an oath.

Signature of Notary Public: _____

Commission # _____ Expires _____ Date: _____

PERMIT ISSUED

- Proof of vehicle ownership (bill of sale or affidavit of ownership)
- Proof of owner's valid Driver License DL # _____
- Fee Paid \$ _____ Decal # _____ Decal to be placed on drivers side rear fender

Date Processed: _____ Staff Initials _____ Registration Expires: _____

Application to be made in person at the City of St. Pete Beach Community Development Department,
155 Corey Avenue. Hours of Operation: Monday – Friday, 8:00 a.m. to 3:30 p.m.