

**TOWN OF MORRISTOWN
GOLF CART AND UTILITY TERRIAN VEHICLE REGISTRATION APPLICATION**

Owner Information

Date of Application_____

Owner Full Name_____OLN_____

Date of Birth_____Driver's License State_____Exp. Date_____

Street Address_____City_____State_____Zip_____

Phone Number_____ Is Golf Cart Located at Above Address? ___Y___N

If No, Address Where Golf Cart is Located_____

GOLF CART INFORMATION

Make_____Model_____VIN Number_____

Year of Manufacture_____Color/s_____

No. of Seats in Front Row_____No. of Seats in Back Row_____

Rear Seats Are:_____Front Facing_____Rear Facing

By my signature, I agree to the following:

I have read and understand the attached Town of Morristown Ordinance. I understand that this registration is only valid for the single golf cart described herein, and only valid for the owner listed herein. If ownership of the gold cart is transferred for any reason, this registration will immediately become null and void. I understand that I am responsible for ensuring that anyone that operates or rides upon the gold cart or utility terrain vehicle is subject to the same restrictions and allowances that are being imposed upon the owner.

Signature

Printed Name

Date

OFFICIAL USE, DO NOT WRITE IN THIS SPACE

Inspecting Officer_____

Signature_____

Date_____

Badge_____

This Golf Cart/Utility Terrain Vehicle has fully functioning:

___Headlight ___Taillights ___Brake Lights ___Turn Signals ___Rear Reflective Triangle

___Rear View Mirror

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Upon passing inspection, the owner shall obtain a registration permit from the Town office, which must be renewed every three (3) years. At the time of registration and upon each subsequent renewal, the golf cart owner must provide proof that he or she holds a valid driver's license, is at least 16 years of age and must provide proof of a policy of liability insurance on said cart in the amounts set out by I.C. 9-25-2-3 or any successor stature.

PLEASE BRING A COPY OF YOUR INSURANCE TO THE TOWN OFFICE TO RECEIVE REGISTRATION STICKER.

TOWN OFFICIAL USE, DO NOT WRITE IN THIS SPACE	
Clerk Official _____	Signature _____
Date _____	
Insurance Company _____	Policy No. _____
Registration No. _____	Amount Paid _____