For Office Use Only	**Permit #: _____**
New/Renewal	**Expiration Date: _____**

CITY OF LITTLEFIELD GOLF CART REGISTRATION PERMIT APPLICATION

Date of Application: _____

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone Number: _____

Driver's License: _____ State: _____ Expiration Date: _____

Golf cart storage address (if different than above): _____

Business or Company (if applicable): _____

Business Contact Name: _____ Business Contact Number: _____

GOLF CART INFORMATION

License Plate Number: _____

Year: _____ Make: _____ Model: _____ Color: _____

Electric or Gas: _____ Identifying Features (if applicable): _____

Insurance Name: _____ Policy Number: _____ Expiration Date: _____

I affirm that I have read and understand all provisions included within Ordinance 2026-0224-4 (as codified in Chapter 12 of the Littlefield Code of Ordinances) and acknowledge that this permit may be revoked at any time by the City if any operator fails to abide by the established rules and regulations.

Applicant Signature: _____ Date: _____