



# CITY OF MOUNT CLEMENS GOLF CART REGISTRATION APPLICATION

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## 1. APPLICANT INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## 2. GOLF CART INFORMATION

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year (if known): \_\_\_\_\_

Color: \_\_\_\_\_

Serial Number (if available): \_\_\_\_\_

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## 3. OPERATOR INFORMATION

Driver's License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### 4. SAFETY COMPLIANCE CHECKLIST

(Initial each to confirm)

- \_\_\_\_\_ Brakes and steering in good working condition
- \_\_\_\_\_ Windshield and rear-view mirror
- \_\_\_\_\_ Head lamps, tail lamps, stop lamps and turn signal
- \_\_\_\_\_ Horn or warning device
- \_\_\_\_\_ Overall safe operating condition

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#### 5. AGREEMENT & SIGNATURE

I certify that the information provided is true and accurate. I agree to operate this golf cart in compliance with all applicable ordinances of the City of Mount Clemens and the State of Michigan. I understand that failure to comply may result in revocation of this registration.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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#### 6. INSPECTION REQUIRED

A golf cart operated in the City of Mount Clemens must be inspected by the Department of Public Services at 95 Eldredge. All inspections are by appointment only. Please contact 586 469-6847 to schedule an inspection from 7 am through 3 pm Monday through Friday. A \$20 registration fee can be paid at time of inspection with check or cash at the inspection site or prior to inspection at the Mount Clemens Treasurers Office.

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#### 7. OFFICE USE ONLY

Registration Number: \_\_\_\_\_

Decal Issued:  Yes  No

Inspection Completed:  Yes  No

Fee Paid: \$\_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_