CITY OF HORNICK

Office of the City Clerk • PO Box 67 • 400 Main Street • Hornick, IA 51026 Phone: (712) 874-3374 • email: <u>cityofhornick@wiatel.net</u>

Permit issued by:_____

APPLICATION FOR PERMIT

| Permit # | _ Year: |
|--|--------------------------|
| Owner: | |
| Name: | _ Phone: |
| Address: | Date of Birth: |
| | Driver's License: |
| | Exp. Date: |
| Cart / Vehicle Information: | |
| Year: Make: | Power (Gas or Electric): |
| Model:Serial Number: | |
| Storage location (if different from above): | |
| Proof of Insurance: | |
| Provider: Agent | t: Phone: |
| Policy #: | |
| It is the responsibility of the Cart, ATV, UTV owner to maintain liability insurance of the vehicle and to be able to prove such liability is in force at all times. A copy of proof of insurance must be attached to this application. | |
| By signing this application I agree that I have received a copy of Ordinance 3-3-68 and Iowa Code Section 321.247. I also understand that it is my responsibility to comply with all rules and regulations regarding the operation of a Golf Cart, ATV, and UTV upon City streets as set by the City of Hornick and the State of Iowa. | |
| Owner Signature: | Date: |
| Registration Fee- \$10.00 Permit | #: |