

## 37 Juniper Street North; PO Box 66 Lester Prairie, MN 55354 (320) 395-2646

PERMIT FEE: \$50.00	DATE:/	_/ PERMIT (ICR	#)
APPLICANT NAME: FIRST:	MIDDLE:	LAST:	
DATE OF BIRTH:/	/		
APPLICANT ADDRESS:			
APPLICANT PHONE NU	MBER(S): Home	Cell	
GOLF CART INFORMAT	ION:		
MAKE:	MODEL:	COLOR:	
YEAR:	SERIAL NUMBER:		
INSURANCE INFORMAT INSURANCE CARRIER NAM			
INSURANCE POLICY NUME	BER:		
I hereby certify that the abo	ove information is true	e and correct to the best of my	knowledge.
APPLICANT SIGNATURE:			
DATE:/	_		
I la constitue a contributation and a	Accident Colf Court has a		and an activity and City
ordinance.	itorized Golf Cart has p	passed inspection and is in acco	ordance with current City
POLICE CHIEF SIGNATUR	E:	<del></del>	
DATE OF ISSUE:/_	/		