



## APPLICATION FOR OPERATION OF MOTORIZED GOLF CART PERMIT

[Rochester Code of Ordinances Chapter 11-2](#) applies to Motorized Golf Carts. A permit is required from the City in order to operate these vehicles on applicable public roadways.

Permits are valid for one (1) year from the date of issuance.

**PLEASE TYPE OR PRINT:** Complete the entire application. You may attach supporting documentation as needed but you must complete all relevant questions and submit all required documents at the time of application or your application will be deemed incomplete and will be delayed or not processed.

A. CHECKLIST OF MATERIALS REQUIRED FOR LICENSE APPROVAL			
Staff Initials			
	1. <input type="checkbox"/> Permit Application Completed 2. <input type="checkbox"/> If physically disabled, certification from licensed physician stating applicant ability to operate motorized golf cart on roadways 3. <input type="checkbox"/> A map/description of route proposed from place where motorized golf club garaged to the golf course 4. <input type="checkbox"/> Signature on notarized verification (below) that motorized golf club equipped with a rear mirror and slow moving vehicle sign. 5. <input type="checkbox"/> A Certificate of Insurance showing that the motorized golf club is covered by insurance 6. <input type="checkbox"/> Permit fee - \$25.00 Per Year (permit is good for one year from date of issuance) 7. <input type="checkbox"/> A colored copy of the applicants driver's license		
B. APPLICANT INFORMATION			
First Name	Last name		
Any other names you have previously used if applicable:			
Home Address:	City	State	Zip Code
Home Phone Number:	Work Phone Number:		
E-Mail Address:	Other Phone Number (if applicable):		

License Number \_\_\_\_\_

Date Received \_\_\_\_\_

Driver's License Number:	Date of Birth:
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**C. DESCRIPTIONS**

Describe the Route Proposed from place where golf cart is garaged to golf course ( you may also attach a map):

Description of the Motorized Golf Cart:

**D. REQUIRED INSURANCE** (Certificate also required)

Insurance Company	Policy Number	Dates of Coverage

**FULL APPLICATION VERIFICATION****Notice of Collection of Private Data**

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the pawnbroker license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Social Security Numbers and Birth Dates are classified as private data, and are not available to the public. Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

**Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances**

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates> This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

**A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY AN OWNER/PARTNER/OFFICER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION**

I, (print name) \_\_\_\_\_, have read and understand the above information regarding my rights as a subject of government data. I agree I will strictly comply with all the laws of the State of Minnesota the ordinances of the City of Rochester relating to conducting business as a pawnbroker, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

**I assert that the motorized golf cart to be used in the application above has been equipped with a rearview mirror and slow moving vehicle sign**

I acknowledge I have been provided information about what is required to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to conduct a background investigation as authorized by RCO 5-13.

License Number \_\_\_\_\_

Date Received \_\_\_\_\_

**I affirm I have no intention or agreement to transfer the license being applied for to another person or entity, or to allow any other person or entity to operate under the authority of the license. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.**

**I further hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)

(NOTARY SEAL)