

City of Shallowater

Golf Cart Registration Permit

or

Commercial Use ATV Registration Permit

Name of Permit holder _____

Address _____

Ph. No. _____ Driver's license # _____

Street address where golf cart will be kept _____

Business name for the premises where golf cart is kept, if applicable:

Golf Cart Information: (electric or gasoline)

Year _____ Make _____ Model _____

Color _____ ID # or Serial # _____

Inspector Name: print _____

Inspectors Address: _____

Permit Number: _____