



CITY OF LINCOLN GOLF CART PERMIT APPLICATION

***MUST bring completed form, valid Driver License, Proof of Insurance to Golf Cart Inspection**

****NOTE: Permit is only for 2 passenger golf carts. All others will need to be registered as an NEV through the DMV. See CVC Section 345.**

New / Renewal
(Circle One)

Receipt # _____

Permit # _____

Name of Cart Owner _____

Drivers License # / Expiration Date _____

Name of Principal Driver (If Different than Owner) _____

Address: _____

Phone Number: _____

Where will the Cart be Stored? _____

Email Address: _____

Manufacturer of Golf Cart _____

Identification Number _____

Model Number _____

Color _____

I understand all required equipment will be maintained in working order, and the golf cart operated in accordance with the applicable provisions of the CALIFORNIA VEHICLE CODE and CITY OF LINCOLN. I further understand any violation of these provisions and requirements may result in the permit being revoked.

Signature Required _____

I understand the application for a permit to operate a golf cart shall not be approved until the vehicle has been inspected and approved.

Initial _____

I certify that I have the proper insurance coverage to operate above golf cart on the public streets within the Community of Sun City Lincoln Hills.

Insurance Company/Policy Number _____

A non-refundable \$50 application or renewal fee must accompany this form. Make check payable to the City of Lincoln.

Bank/Check Number _____

Bring completed application, copy of insurance coverage and fee to inspection site at time of inspection.

Applicants Signature _____

Date and Time of Inspection _____

Location: Sun City Lincoln Hills

	Operative	Inoperative
Head Lights		
Brake Lights		
Turn Signals		
Horn		
Full Rear View Mirror		

	Operative	Inoperative
Seat Belts - operable		
Parking Brake		
Windshield		
Ridged Roof		
Proof of Insurance		
Drivers License Inspected		

Permit Issued Yes ___ No ___ Permit No. _____ By _____ Valid Until _____

Reason for Denial: _____