



Motorized Golf Cart License Plate Application

City of South Padre Island
 4601 Padre Blvd.
 South Padre Island, TX 78597
 Phone: (956) 761-5454
 Fax: (956) 761-9544

Date Issued: _____ Date Expires: _____

I, the undersigned applicant for a golf cart license, swear or affirm that I have received a copy of the South Padre Island City Ordinance 18-30. I understand that the authority to operate a golf cart within the City of South Padre Island is a revocable privilege granted only upon compliance with the terms of the South Padre Island City Ordinance to legally operate a golf cart within the corporate boundaries of the City of South Padre Island, during the year when granted. I understand my failure to operate a golf cart in accordance with the City Ordinance may result in criminal and/or civil liability including fine, vehicle impoundment, and/or revocation of my license/privilege to operate a golf cart within the City of South Padre Island.

I understand that as the owner and/or operator of a golf cart that is operated within the City of South Padre Island that I have certain duties and obligations that are enumerated within the City Ordinances; specifically that said golf cart(s) is (are) outfitted with the following safety equipment and that all safety equipment is fully operational:

- Head Lamps - Tail Lamps - Reflectors - Seat Belts
- Parking Brakes - Rearview Mirror - Slow Moving Vehicle Emblem

I further understand that operation is only during daylight hours and to conform to City Ordinance 18-30 which provides that they be permitted by the City and display a current (annual) sticker permit or license plate.

I furthermore swear or affirm that said golf cart(s) are insured or bonded in accordance with Texas state laws governing minimum insurance/financial responsibility laws for motor vehicles.

In this application, I do swear or affirm that all the facts and statements contained herein are true and correct, and I understand that any falsification or misrepresentation may be subject to civil or criminal penalties and/or revocation of my golf cart license.

_____ Printed Name

_____ Signature

Owner Information

Last Name: _____

Middle Name: _____

First Name: _____

Driver's License #: _____
 (attach a copy of the DL)

Contact Phone Numbers

Home: _____

Work: _____

Cell: _____

Vehicle Information

License Plate #: _____

VIN/Serial #: _____

Make/Manufacturer: _____

Model: _____

Number of Seats: _____ Color: _____

Address where golf cart is housed: (number & street) _____

Insurance: (attach a copy of the policy) _____

Payment Method	
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check # _____

Fees	
<input type="checkbox"/>	Annual Permit Fee \$50.00
<input type="checkbox"/>	Replacement Fee \$25.00