

City of Rock Rapids, Iowa – Golf Cart Registration

Permit # _____

Expiration: December 31, 20____

Permit Fee: \$25 / year

Pursuant to Title IV, Chapter 2, Article 13, Section 13.11 of the Rock Rapids Code of Ordinances, application is hereby made to operate a golf cart on streets within the City of Rock Rapids, as follows:

Owner Information

Name _____ Phone _____

Address _____

Email _____ Driver License # _____

Additional Operator Information

Name _____ Phone _____

Address _____

Email _____ Driver License # _____

Vehicle Information

Make _____ Model _____ Color _____

Serial # _____ Comments _____

Insurance Company _____ Policy # _____

Terms and Conditions

Upon approval of this application, the above-named operator(s) may operate the above-identified golf cart upon the city streets within the City of Rock Rapids, subject to the following conditions:

1. Golf carts shall not be operated upon Iowa Hwy 9 or US Hwy 75 but shall be allowed to cross such primary road extensions at the following intersections: East St; Buncombe Dr / Fairlamb St; Story St; Smith St; South 3rd Ave; South 12th Ave. (Crossings are always subject to change by the City Council; operator is responsible for keeping up to date with the allowed crossing locations.)
2. Golf carts shall be equipped with a slow-moving vehicle sign and a bicycle safety flag.
3. Golf carts shall only be operated on city streets between sunrise and sunset.
4. Golf carts shall be equipped with adequate brakes and shall meet all other safety requirements.
5. Golf carts shall yield the right-of-way to other motor vehicles and pedestrians at all uncontrolled intersections.
6. No person shall ride on, and no operator shall allow a person to ride on, a golf cart or any portion thereof not designed or intended for the conveyance of passengers.
7. Copy of this permit and proof of insurance must be carried at all times while operating golf cart.
8. Applicant acknowledges that the operator possesses a valid driver license and is subject to all the rules and regulations for motor vehicle operators for the City of Rock Rapids and State of Iowa.

Signature of Applicant _____ Date _____

Approval by City Office

Authorized Signature _____ Date _____