



EXHIBIT "A"

Village of South Jacksonville

301 Dewey Drive, South Jacksonville, IL 62650

Golf Cart Application

APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ (Street, City, State, Zip)

Telephone Number(s) of Applicant: \_\_\_\_\_

Applicant Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

(A copy of Applicant's Driver's License must be attached to this Application)

Is Applicant the Owner of the Golf Cart? Yes No If No, Name of Owner? \_\_\_\_\_

Name of Person with Liability Insurance: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Insurance Company Name, Address & Phone Number: \_\_\_\_\_

(A copy of Applicant's Insurance Card must be attached to this Application)

Certificate of Insurance, in compliance with the provisions of the Illinois Statutes regarding Minimum Liability Insurance for passenger motor vehicles to be operated on the roads of the State of Illinois.

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

I, \_\_\_\_\_, by signing below, do hereby declare the information provided by me on this form to be accurate and correct to the best of my knowledge. I have received, read, and understand the Golf Cart Ordinance of the Village of South Jacksonville (Ordinance No. \_\_\_\_\_). I acknowledge and agree that I will assume all liability, and am fully responsible for the possession, use and operation of the above golf cart. I also acknowledge and agree that the Village of South Jacksonville, in authorizing and providing regulations, does not and will not assume any liability arising from or relating to possession, use or operation thereof. I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE VILLAGE OF SOUTH JACKSONVILLE, for any and all claims, causes of actions, damages and liability of any kind or nature arising from or relating to the possession, use or operation of the above-referenced golf cart. I further acknowledge and agree the Village's interpretation of said Ordinance is final and that I will obey all regulations in said Ordinance.

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

VILLAGE OF SOUTH JACKSONVILLE – VILLAGE CLERK'S OFFICE

Table with 4 columns: Application Completed, Waiver & Indemnification Signed, Approved & Date, Valid Driver's License, Valid Insurance Coverage/Card, Denied & Date.

Clerk's Signature: \_\_\_\_\_ Date: \_\_\_\_\_