



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: _____