CITY OF APALACHICOLA
192 Coach Wagoner Boulevard
Apalachicola, FL 32320
850-653-9319

DUE DATE: 10/31/2020
AMOUNT DUE: $50.00

Annual Registration for Golf Cart Operation

Return application by mail to address listed above or drop in the black mail box by the entrance of City Hall.

All persons owning and desiring to operate a golf cart on streets of the City of Apalachicola are required to make annual application for a current annual registration decal. Your application and fee for the registration decal for the year October 1, 2020 through September 30, 2021 is due at this time. Please provide the information requested so that City systems may be updated as the registrations are updated from a manual to an electronic system.

Registered Owner of Golf Cart: _____
Name

_____ _____
Date of Birth Driver's License #

Address of Registered Owner: _____
Street or P. O. Box

_____
City, State, Zip Code

_____
Telephone Number

Manufacturer: _____ Model: _____

VIN#: _____

The privilege extended by the city to operate a golf cart in accordance with the conditions, terms, agreements and restrictions set forth in Article II Section 26 of the Code of the City of Apalachicola. Any license or authorization issued by the city pursuant thereto shall not apply to persons who do not hold a valid, current driver's license and such persons operating a golf cart within the city shall be in violation of this article and subject to its penalties unless said driver is 18 years of age or older; and has not had his driver's license suspended or revoked. It shall be presumed for enforcement purposes that if a driver is unable to provide proof of such valid current driver's license at the time of being stopped or observed while in the operation of a golf cart within the city, that that person does not hold a valid current driver's license which presumption may later be rebutted by production to the charging officer or court as proof of compliance with this provision. This section also requires that all authorized drivers be listed on this application.

Please list all authorized drivers.

Name	Date of Birth	Driver's License #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE INCLUDE ADDITIONAL PAGES IF OTHER AUTHORIZED DRIVERS ARE TO BE LISTED.
DO NOT INCLUDE THIS $50.00 PAYMENT WITH ANY OTHER PAYMENT TO THE CITY OF APALACHCOLA.