



111 Hassan Street Southeast  
Hutchinson, MN 55350  
(320) 587-5151/Fax: (320) 234-4240

Fee: \$10.00 per golf  
cart

## Application For Permit To Operate Motorized Golf Cart On Roadways Within City of Hutchinson

All applications must be received at least 30 days before event in order to be considered

### Applicant Information

Name: \_\_\_\_\_  
*First* *Middle* *Last*

\_\_\_\_\_ *Address* *City* *State* *Zip*

Phone Number: \_\_\_\_\_  
*Daytime* *Evening*

### Organization Information (if applicable)

\_\_\_\_\_ *Organization Name* *Phone Number*

\_\_\_\_\_ *Address* *City* *State* *Zip*

### Event Information (Information in this section must be specific)

Annual Permit \_\_\_\_\_ or

Date of event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time Leaving: \_\_\_\_\_ Number of golf carts: \_\_\_\_\_

Location leaving from: \_\_\_\_\_  
*Name*

\_\_\_\_\_ *Address*

Location arriving at: \_\_\_\_\_  
*Name*

\_\_\_\_\_ *Address*

Detailed description of route (once approved by police services, route cannot be changed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Release of Information Form

As an applicant for a permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking an application for a permit, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information ( <i>Please Print</i> )			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Birth:	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth:	_____	_____	
	<i>City</i>	<i>State</i>	
Social Security Number:	_____		
Driver's License Number:	_____		

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date