

THE VILLAGE OF ALEXIS

204 S. MAIN ST

PO BOX 356

ALEXIS, IL 61412

PHONE # 309-482-3424, 309-373-2740

GOLF CART, ATV, UTV PERMIT APPLICATION

SEPTEMBER 1st TO AUGUST 31st - YEARLY FEE OF \$ 20.00

LATE FEE OF \$ 10.00 APPLIES TO PURCHASE AFTER SEPTEMBER 1st

NAME: _____

ADDRESS: _____

PHONE: _____

DRIVER'S LICENSE #: _____

INSURANCE COMPANY & POLICY #: _____

YEAR: _____ **MAKE:** _____ **MODEL:** _____ **COLOR:** _____

VIN: _____

GOLF CART, ATV, UTV REQUIREMENTS ILLINOIS VEHICLE CODE

(Initial Each)

____ **HEAD LIGHTS 500 FT** ____ **TAIL LIGHTS 100 FT** ____ **BRAKE LIGHTS**

____ **HORN** ____ **REAR VIEW MIRROR** ____ **TIRES**

____ **STEERING APPARATUS**

____ **APPROVED SLOW MOVING VEHICLE EMBLEM (ON BACK OF VEHICLE)**

I CERTIFY THAT ALL THE INFORMATION IS TRUE AND CORRECT, AND THAT I HAVE MET ALL THE REQUIREMENTS LISTED ABOVE ON SAID VEHICLE.

PRINT NAME

SIGNATURE

DATE

Office Use Only:

PERMIT/STICKER # _____

EXP DATE _____

PAID DATE _____

CHECK # _____

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RELEASE

COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, MISTAKE, OR FAILURE TO ENFORCE, SUPERVISE OR MAINTAIN.

I assure the Village that there are no health-related reasons or problems that may preclude or restrict my participation in this activity. I further assure the Village that I have adequate health and liability insurance necessary to provide and pay for any medical costs or property damage that may directly or indirectly result from my participation in this activity, and I will indemnify and hold the Village harmless for any such medical costs or property damage.

I understand that this Release means that I am giving up, among other things, rights to sue the Village, Village Board of Trustees, employees and/or agents for injuries (including death), damages or losses I may incur or cause. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I HAVE READ THIS ENTIRE RELEASE; I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.

DATED: _____

OPERATOR'S SIGNATURE

OPERATOR'S PRINTED NAME

ADDRESS

WITNESS:

PHONE

SIGNATURE

PRINTED NAME