

## 115 Locust Street, P.O. Box 127 Hickman, NE 68372-0127 Phone 402.792.2212 - Fax 402.792.2210 www.hickman.ne.gov



## **GOLF CAR REGISTRATION APPLICATION**

Last Name: \_\_\_\_\_\_First Name: \_\_\_\_\_

Address:			
Phone:	e: Cell:		
Golf Car Year: Ma	ke/Model:	Color:	
Annual Registration Fee (Expires	s December 31 of every	y calendar year): \$25.00	
My Initials and signature below verifi	es that I:		
	eviewed the documents an	rning Golf Car Vehicles Operation Authorization and understand them and I relieve the City of	
dollars because of bodily inju limit for one person, fifty thou	ury to or death of one pers usand dollars because of b enty-five thousand dollars b	golf car in the amount of twenty-five thousand son in any one accident and, subject to such bodily injury to or death of two or more persons because of injury to or destruction of property	
understand that my golf cart	must be equipped with a l	car nor guaranteeing its condition of safety and bicycle safety flag which extends above the and and is attached to the rear of such vehicle.	
any road with a posted speed road in order to cross a portion	d limit above thirty-five mil on of the road which inters	tate or federal highway, city trail/sidewalk, or les per hour, but may be operate upon such a sects a street with a posted speed limit of be parked on any city trail or sidewalk.	
<ul> <li>Must only be operated by pe hours of sunrise and sunset.</li> <li>Initials</li> </ul>		O operator's license and only between the	
Applicant Signature	Print Name	Date	
Signature of City Staff	Print Name	Date	
City Issued Golf Car Registrat	ion #: Che	eck # Receipt #	