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

EQUAL HOUSING OPPORTUNITY

GOLF CAR - ATV - UTV REGISTRATION APPLICATION

Last Name: _____ **First Name:** _____

Address: _____.

Phone: _____ **Cell:**_____.

Vehicle Year: _____ **Make/Model:** _____ **Color:** _____

Annual Registration Fee (Expires December 31 of every calendar year): $25.00

My Initials and signature below verifies that I:

Have read the City Ordinance No. 2016-24 governing Golf Car or 2019-05 governing ATV/UTV Vehicles Operation Authorization and Restrictions and have reviewed the documents and understand them and I relieve the City of Hickman of any liability regarding my Golf Car / ATV / UTV.
_____Initials

Shall have proof of liability insurance coverage for the Golf Car - ATV - UTV in the amount of twenty-five thousand dollars because of bodily injury to or death of one person in any one accident and, subject to such limit for one person, fifty thousand dollars because of bodily injury to or death of two or more persons in any one accident, and twenty-five thousand dollars because of injury to or destruction of property of others in any one accident.
_____Initials

Understand that the city is neither inspecting my Golf Car / ATV / UTV nor guaranteeing its condition of safety and understand that my golf cart must be equipped with a bicycle safety flag which extends above the Golf Car / ATV / UTV vehicle not less than five feet above the ground and is attached to the rear of such vehicle.
_____Initials

Shall not operate Golf Car / ATV / UTV vehicle at any time on any state or federal highway, city trail/sidewalk, or any road with a posted speed limit above thirty-five miles per hour, but may be operate upon such a road in order to cross a portion of the road which intersects a street with a posted speed limit of thirty-five miles per hour or less. Golf Car shall also not be parked on any city trail or sidewalk.
_____Initials

Must only be operated by persons with a valid Class O operator's license and only between the hours of sunrise and sunset.
____Initials

Applicant Signature	Print Name	Date
Signature of City Staff	Print Name	Date

City Issued Golf Car Registration #: _____ **Check #** _____**Receipt #** _____