

MACKINAW POLICE DEPARTMENT

Michael Kemp, Chief of Police 102 East Fast Avenue, P.O. Box 500 Mackinaw, Illinois 61755 Phone Dispatch: (309) 346-4141 Office: (309) 359-8914



GOLF CART/UTILITY TERRAIN VEHICLE (UTV) PERMIT

REGISTERED OWNER:	
Name:	Phone Number:
Address:	City/State/Zip Code:
DOB:	
ADDITIONAL OPERATOR:	
Name:	Phone Number:
Address:	
DOB:	
GOLF CART/UTV INFORMATION:	
Make:	Model:
Year:	
VIN/Serial Number:	
INSURANCE INFORMATION:	
Insurance Company:	Effective Date:
Policy Number:	
By signing this application, I (registered owner), understand	that in order to keep my registration valid, I must keep the minimum liability insurance
	and that my permit, if issued, is subject to revocation if I am found to not have met this,
or any other requirement under Mackinaw Village Ordinanc	es. I also affirm that I have received a copy of Ordinance #1059 for my reference.
Signature of Registered Owner:	Date:
Signature of Inspecting Officer:	Date:
	copy of Ordinance #1059) with you when registering your Golf Cart/UTV. When the permit is
issued you will receive a copy of the completed application and che	exclust from the inspecting officer.