



507 W. Strong St., PO Box 667
Tolono, IL 61880

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OFFICE USE ONLY

Date: _____

Permit #: _____

Inspector: _____

**APPLICATION & PERMIT TO OPERATE A GOLF CART
OR OTHER SIMILAR VEHICLE ON VILLAGE ROADWAYS**

OWNER: _____ DATE: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

VEHICLE MAKE: _____ MODEL: _____

COLOR: _____ VIN/SERIAL NUMBER: _____

INSURANCE PROVIDER: _____

POLICY #: _____ EFFECTIVE DATES: _____ TO _____

PROOF VIA: PAPER COPY / SHOWN ON MOBILE DEVICE / OTHER _____
(Circle One)

INSPECTION

Proof of Liability Insurance	YES	NO
Brakes	YES	NO
Slow Moving Vehicle Marker	YES	NO
Horn	YES	NO
Turn Signals, Headlights, Brake Lights, Tail Lamps	YES	NO
Steering Wheel	YES	NO
Tires	YES	NO
Rearview Mirror	YES	NO

I hereby confirm that the above information is true. I have received a copy of the Golf Cart and Other Similar Vehicles Ordinance and my vehicle was inspected by a Village employee.

SIGNATURE OF APPLICANT: _____ DATE: _____

Permit was Issued Upon Application

BY: _____

Permit was Denied

Date: _____

Reason: _____

BY: _____

Issue was Corrected and Permit Granted

Date: _____

BY: _____

PAYMENT:

Cash

Receipt Written Receipt#: _____

Check#: _____

Receipt Written Receipt#: _____

Credit Card

CC Receipt Copied for Receipts Entry