



507 W. Strong Street, PO Box 667
Tolono, IL 61880-0667

Phone: (217) 485-5212 • Fax: (217) 485-5117
Email: Info@TolonoIL.US

OFFICE USE ONLY

Date: _____

Permit#: _____

Inspector: _____

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

Date: _____

Owner: _____ Address: _____

Mailing Address: _____ City: _____

Phone: _____ Email: _____

Type: _____ Make: _____ Model: _____
(Electric or Gas Powered)

Color: _____ VIN/Serial Number: _____

Insurance Provider: _____ Policy Number: _____

Effective Dates: _____ Through: _____

Proof of Insurance: I PROVIDED PROOF OF INSURANCE VIA PAPER COPY OR
PRESENTED ON MY MOBILE DEVICE AT THE TIME OF MY VEHICLE INSPECTION.

____ PAPER COPY ____ MOBILE DEVICE ____ OTHER: _____

INSPECTION

Proof of Liability Insurance: YES NO

Rearview Mirror: YES NO

Steering Wheel: YES NO

Horn: YES NO

Tires: YES NO

Slow Moving Vehicle Marker: YES NO

Brakes: YES NO

Turn Signals, Headlights, Brake Lights, Tail Lamps: YES NO

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

Signature of Application: _____ Date: _____

PERMIT ISSUED UPON APPLICATION BY: _____

PERMIT DENIED BY: _____

REASON: _____

DATE: _____

ISSUE CORRECTED AND PERMIT GRANTED BY: _____

DATE: _____

PAYMENT:

CASH RECEIPT WRITTEN RECEIPT#: _____

CHECK#: _____ RECEIPT WRITTEN RECEIPT#: _____

CREDIT CARD

CREDIT CARD RECEIPT COPIED FOR RECEIPTS ENTRY