

CITY OF PORT ARANSAS
APPLICATION FOR MOTORIZED GOLF CART LICENSE PLATE
710 W AVE A PORT ARANSAS, TX 78373
361-749-4111 361-749-5270 FAX
www.cityofportaransas.org



AREA FOR OFFICE USE ONLY

CLERK INITIALS: _____ DATE ISSUED: _____ EXPIRATION DATE: December 31, 2016

LICENSE TAG NUMBER: _____ BEACH PARKING PERMIT: _____

ANNUAL LICENSE PLATE FEE: \$50.00 – YEAR ROUND RESIDENT \$25.00 – LOST/REPLACEMENT *Police Report Must Be Filed Verified
 \$100.00 – NON-RESIDENT \$20.00 ADDITIONAL FEE FOR VANITY PLATES

PAYMENT TYPE: CASH
 CHECK # _____
 CREDIT CARD

PICKUP METHOD: MAIL TO ADDRESS GIVEN BELOW
 PICK UP AT CITY HALL (DURING REGULAR BUSINESS HOURS)
 PICK UP AT POLICE DEPT (AFTER HOURS/WEEKEND)
 BEACH PARKING PERMIT (ADD \$12.00)

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 NUMBER /STREET CITY STATE/ZIP

ADDRESS WHERE GOLF CART IS HOUSED: _____
 NUMBER/STREET CITY STATE/ZIP

PHONE NUMBERS: _____
 HOME WORK CELL

DRIVER'S LICENSE: _____
 *Copy Required NUMBER STATE

INSURANCE: _____
 *Copy Required COMPANY POLICY NUMBER

MAKE/MANUFACTURER: _____ MODEL/YEAR: _____

VIN/SERIAL NUMBER: _____ NUMBER OF SEATS: _____ COLOR: _____

VANITY PLATE: _____ (MAX 7 SPACES LETTERS / NUMBERS / COMBINATION)

I, the undersigned applicant for a golf cart license, swear or affirm that I have received a copy of the Port Aransas City Code Article VIII, sections 23-300 through 23-307 inclusive. I understand that the authority to operate a golf cart within the City of Port Aransas is a revocable privilege granted only upon compliance with the terms of the City Code to legally operate a golf cart within the corporate boundaries of the City of Port Aransas during the year when granted. I understand that my failure to operate a golf cart in accordance with the City Code may result in criminal and/or civil liability including fine, vehicle impoundment, and/or revocation of my license/privilege to operate a golf cart within the City of Port Aransas.

I, understand that as the owner and/or operator of a golf cart that is operated within the City of Port Aransas that I have certain duties and obligations that are enumerated within the City Code. I fully understand my duties and obligations and agree to abide by those duties and obligations for the duration of the license period.

I swear or affirm that the golf cart(s) that I wish to license with the City of Port Aransas meet(s) or exceeds(s) all safety standards and is (are) properly equipped as enumerated by the City Code; specifically said golf cart(s) is (are) outfitted with the following safety equipment and that all safety equipment is fully operational:

- * Head Lamps
- * Reflectors
- * Seatbelts
- * Slow Moving Vehicle Emblem
- * Tail Lamps
- * Parking Brakes
- * Rearview Mirror

I furthermore swear or affirm that said golf cart(s) are insured or bonded in accordance with Texas State laws governing minimum insurance/financial responsibility laws for motor vehicles.

In this application, I do swear or affirm that all the facts and statements contained herein are true and correct and I understand that any falsification or misrepresentation may be subject to civil or criminal penalties and/or revocation of my golf cart.

PRINT NAME

SIGNATURE

DATE