



# Motorized Golf Cart License Plate Application

City of South Padre Island  
 4601 Padre Blvd.  
 South Padre Island, TX 78597  
 Phone: (956) 761-8147  
 Fax: (956) 761-9544

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

I, the undersigned applicant for a golf cart license, swear or affirm that I have received a copy of the South Padre Island City Ordinance 18-30. I understand that the authority to operate a golf cart within the City of South Padre Island is a revocable privilege granted only upon compliance with the terms of the South Padre Island City Ordinance to legally operate a golf cart within the corporate boundaries of the City of South Padre Island, during the year when granted. I understand my failure to operate a golf cart in accordance with the City Ordinance 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 South Padre Island.

I understand that as the owner and/or operator of a golf cart that is operated within the City of South Padre Island that I have certain duties and obligations that are enumerated within the City Ordinances; specifically that said golf cart(s) is (are) outfitted with the following safety equipment and that all safety equipment is fully operational:

- Head Lamps      - Tail Lamps      - Reflectors      - Seat Belts
- Parking Brakes    - Rearview Mirror    - Slow Moving Vehicle Emblem

City Ordinance 18-30 provides that each Golf Cart be permitted by the City and display a current (annual) sticker permit or license plate.

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 license.

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Signature

### Owner Information

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_  
 (attach a copy of the DL)

### Contact Phone Numbers

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

### Vehicle Information

License Plate #: \_\_\_\_\_

VIN/Serial #: \_\_\_\_\_

Make/Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Number of Seats: \_\_\_\_\_ Color: \_\_\_\_\_

Address where golf cart is housed: (number & street) \_\_\_\_\_

Insurance: (attach a copy of the policy) \_\_\_\_\_

Payment Method	
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check # _____

Fees	
<input type="checkbox"/>	Annual Permit Fee      \$50.00
<input type="checkbox"/>	Replacement Fee      \$25.00