



Golf Cart Application & Inspection

*****NON-TRANSFERABLE*****

PERMIT #: _____

Location of Inspection: _____

Full Name: _____

Address: _____

City: MELISSA ST: TX Phone Number: _____

Driver License: _____ ST: TX Exp Date: _____

Golf Cart

Make: _____ Model: _____ Color: _____

VIN/Serial Number _____ Year: _____

Storage Location: _____ Electric or Gas: _____

Insurance

Company: _____ Policy Number: _____

Company Phone: _____ Exp Date: _____

Inspection Requirements

_____ Head Lamps	_____ Rearview Mirrors
_____ Tail Lamps	_____ Parking Brake
_____ Reflectors	_____ Slow Moving Vehicle Emblem
_____ Copy of Insurance	_____ Copy of Driver License
	_____ Working Exhaust System (Gas Operated Only)

***To Be Completed by Inspecting Officer**

Acknowledgement

I _____ do hereby state that I have received a copy of the City of Melissa ordinance Article
10.1100 Operation of Golf Carts on Public Streets

Signature of Owner: _____ Date: _____

Certificate of Inspection

Pass: _____ Fail: _____

Signature of Officer: _____ Date: _____

***To Be Completed by Inspecting Officer**