

## **VILLAGE OF CLIVE**

## **APPLICATION FOR Golf Cart Permit- 2025**

				16.5		
Renewal: NO	YES 🗆	If yes, p	lease enter Go	olf Cart Permit	number	
Permit Owner: Full Name			Civic Addre	ss:		
Alberta Driver's			City/Town:			
License No.:			Destri Certe			
Date of Birth:			Postal Code	•		
Email (opt.):			Phone/Cell	:		
Golf Cart Information						
Make:				Colour:		
Model #:			<mark>&amp;</mark>	Number of Seats:		
			<u> </u>	Proof of Insurance:	YES Con	y Provided 🔲
Serial #:				Insurance	,	,
Fuel Source:	Gas Flect	ric 🔲 Propan	e 🔲 Diesel	Company:		
Equipment: None Head Lamps Tail Lamps Brake Lamps Signal Lamps  (Select all that apply) Speedometer Seatbelts  Annual Golf Cart Permit Fee: \$60.00 (expires December 31st of each year)						
Payment Type		Debit [	_	Cheque	Onli	ne
l agree to abide by all conditions of the Traffic Safety Act, the Pilot Project (Golf Carts) Regulation, and Village of Clive Pilot Project (Golf Carts) Bylaw# 570-25, all as amended from time to time. By obtaining this permit, I agree that I am liable as the owner of the golf cart for any use contrary to these rules and regulations. I further understand that my permit may be revoked or cancelled at any time for non-compliance. I assume all risk and liability associated with the operation of this golf cart for myself and all operators and passengers. I agree to indemnify and hold harmless Village of Clive, its agents, or employees from all claims, damages, and expenses (including legal fees on a solicitor and own client basis) resulting from the operation of a golf cart, including damages, claims, and expenses resulting from damage to property, personal injury, or death. The personal information on this form is collected under the authority of section 17(1)(b) of the Protection of Privacy Act and will be used for the above purpose. It is protected in accordance with the privacy provisions of the Protection of Privacy Act. If you have questions about the collection or use of this information, contact the Village of Clive at 403-784-3366 or admin@clive.ca						
	J	-		_ <del></del>		
<u>Issued At:</u> Village of Cliv	e	<u>Print Name O</u>	f Issuer:	Date: YYYY/N	MM/DD	<u>Permit No.</u>