

**City of Charleston
Utility Vehicle/Golf Cart Permit Checklist**

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Drivers License #: _____ Phone #: _____

Vehicle Information

Make: _____ Model: _____

VIN: _____

CHECKLIST

- | | |
|---|-------|
| Operational turn signals | _____ |
| Operational tail lights | _____ |
| Operational brake lights | _____ |
| Operational head lights | _____ |
| Rear view mirror | _____ |
| Slow moving vehicle symbol | _____ |
| Safety flag attached (7 to 8 feet above ground) | _____ |
| Adequate muffler system | _____ |
| Operational seat belts for all occupants | _____ |
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INSPECTOR INFORMATION

Employee Name: _____

Department: _____

By signing this application, I acknowledge that I am aware that the vehicle can only be operated by persons 18 years of age or older, who have a valid drivers license, between the hours of 7:30am and 10:00pm, and cannot be operated on state roads. The City reserves the right to verify vehicle insurance information.

Applicant Signature: _____

*attach copy of proof of ownership, insurance and drivers license

Attach Permit to the center of the slow-moving vehicle emblem