

**TOWN OF RIVERVIEW
GOLF CART PERMIT APPLICATION
2026 - 2028**

Applicant's Name: _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Applicant's Phone Number: (Home) _____ (Cell) _____

Applicant's Driver's License Number: _____ State: _____

GOLF CART INFORMATION

Year: _____ Make: _____ Model: _____ Color: _____

Vehicle Identification Number / Serial Number: _____

Electric or Gas: _____

Signature: _____ Date of Application: _____

By signing this application, you are verifying that all factory safety equipment is operational.

Checks made payable to the Town of Riverview

**\$50.00 Three-year permit if registered in (2026)

**\$35.00 if registered in the second year (2027)

**\$20.00 if registered in the third year (2028)

Collected By: _____ Permit Issue Date _____ / _____ / _____

Receipt #: _____

Registration by mail to

Town of Riverview

P.O. Box 220

Mountain, WI 54149

Include a stamped self-addressed envelope