



City of Commerce
27 Sycamore Street
Commerce, GA 30529
Phone: 706-335-3164
www.commercega.gov

Golf Cart ____ **RESIDENTIAL REGISTRATION**
____ **OWNERSHIP TRANSFER**

For Office Use Only:

Decal #: _____

CART INFORMATION

Current Decal # _____

VIN/SERIAL#: _____

Cart Year: _____

Make: _____

Color: _____

GAS / ELECTRIC (*circle one*)

***Note:** State Law mandates that golf carts weigh under 1,300 pounds and **cannot exceed 20 mph**. If your vehicle does not comply, it cannot be legally registered or used on the paths.

PROOF OF OWNERSHIP (required-check one)

Bill of Sale _____ **Other:** _____

OWNER INFORMATION

Name: _____

Are you 18 years of age or older? YES / NO (*circle one*)

Physical Address of Owner & Cart

Mailing Address (if different)

Street Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

Zip: _____

Zip: _____

Subdivision: _____

Phone #: _____

Alt. Phone #: _____

Email: _____

Please Read Carefully

I understand and will abide by Commerce City and state laws pertaining to motorized carts. I acknowledge that city ordinance requires me to have liability insurance for my Motorized Cart. I understand and acknowledge that, as the registered Motorized Cart owner, I have legal responsibility for any actions committed during the operation and use of the Motorized Cart, including those of any agents I allow or authorize to use my Motorized Cart, and understand that I can be charged for any violation of the Commerce Code of Ordinances. **I accept both legal and civil responsibility** for any actions committed during the operation and use of the cart. I certify that the information contained herein is correct to the best of my knowledge.

Owners Signature (required)

Date

For Office Use Only:

Amount Paid: _____

Authorization: _____