



CITY HALL  
110 ACADEMY ST.  
CANTON, GA 30114  
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WWW.CANTONGA.GOV

# Golf Cart 2026 RESIDENTIAL REGISTRATION / RENEWAL

**For Office Use Only:**

**Decal #:** .....

## CART INFORMATION

- Is this for a New Registration  Renewal
- No longer own this PTV  No longer Use on the Streets

VIN/SERIAL# \_\_\_\_\_ Cart Year \_\_\_\_\_  
*(include all letters & numbers)*

Color \_\_\_\_\_

Make \* \_\_\_\_\_ Type \_\_\_\_\_ GAS  ELECTRIC

\***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.

## OWNER INFORMATION

Name \_\_\_\_\_ Are you 18 years of age or older? YES  NO

### Physical Address of Owner & Cart

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Subdivision \_\_\_\_\_

Phone # \_\_\_\_\_

Alt. Phone # \_\_\_\_\_

Email \_\_\_\_\_

### **Please read carefully:**

I have received the City's Ordinance and Rules for Personal Transportation Vehicle (PVT) use. I understand and will abide by state laws as well as the Code of the City of Canton pertaining to motorized carts as described in the Affidavit. I have been advised to obtain liability insurance for the cart. I understand that, as the registered cart owner, I accept both legal and civil responsibility for any actions committed during the operation and use of the cart, and understand that I will be charged for any violation of Article V of the City of Canton's Municipal Code. I certify that the information contained herein is correct to the best of my knowledge.

**Cash, Check or Credit cards payments accepted: \$15**  
**Must provide driver's license & Signed Affidavit**

\_\_\_\_\_  
**Owners Signature (required)                      Date**

**This Registration is for the calendar year starting January 1 through December 31, 2026. Renewals are due by December 31, 2025.**

Resident/applicant may elect to have the annual \$15 payment charged to a subsequent utility invoice. If so, please indicate by authorizing/ signing below. Applicant must be a named individual on the corresponding utility account:

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Amount Paid: .....

Payment Method (chk#): .....

Authorization: .....

\_\_\_\_\_