



Tow Truck Business Application
Fee: \$200

Business Information

Business Name: _____

Business Address: _____

Business Tax Map #: _____

Business Phone: _____ Evening Phone: _____

Email: _____

Holding Area Address: _____

Holding Area Tax Map #: _____

Applicants Name: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Social Security #: _____

1. Do you own property on which you will conduct your towing business? YES NO

2. Type of Business: Sole proprietorship Partnership Corporation

3. If partnership, please list partners (Include all information):

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY #

Tow Truck Information

YEAR	MAKE AND MODEL	VEHICLE IDENTIFICATION #	LICENSE PLATE #

Insurance Information

Name of Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Liability Coverage: \$ _____ Property Damage Coverage \$ _____

Have you or any partner/member/officer/director been convicted of a crime within the last 5 years? YES NO

If Yes, give details:

PLACE OF CHARGE	DATE OF CHARGE/ARREST	DATE OF CONVICTION	SENTENCE IMPOSED

Roster Information (please check all that apply)

East Accident South Accident North Accident 4th Precinct Heavy Duty

*Check here if you also want to be on the Non-Accident Roster

I HEREBY SWEAR THAT THE ANSWERS CONTAINED HEREIN AND THE INFORMATION SUPPLIED WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN SUPPLIED WITH THIS APPLICATION ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

FALSE STATEMENTS MADE HEREIN SHALL BE GROUNDS FOR DENIAL OF LICENSE

SIGNATURE OF APPLICANT
SWORN BEFORE ME THIS

DAY OF _____ 20____

NOTARY PUBLIC

****FOR OFFICE USE ONLY****

Fingerprints paid: _____

License Issued: _____

License #: _____

Check # _____

Receipt# _____

License Fee: \$ _____

Medallion: \$ _____ x _____

Non-Accident: \$ _____

Accident: \$ _____

Heavy Duty Roster: \$ _____

Total: \$ _____