



Warren Township Police Department

Serving the community since 1972



TOWNSHIP OF WARREN APPLICATION FOR TOWING LICENSE

COMPANY INFORMATION

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

TYPE OF ENTITY

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

IF THE APPLICANT IS A SOLE PROPRIETORSHIP, STATE THE NAME AND ADDRESS OF THE SOLE PROPRIETOR BELOW.

NAME

ADDRESS

IF BUSINESS IS A CORPORATION, LIST NAME AND ADDRESS OF ALL OFFICERS, DIRECTORS, PRINCIPALS AND THE REGISTERED AGENT:

NAME

ADDRESS

IF BUSINESS IS A PARTNERSHIP, LIST NAME AND ADDRESS OF ALL PARTNERS:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACT INFORMATION

NAME: _____ TELEPHONE #: _____

NAME: _____ TELEPHONE #: _____

NAME: _____ TELEPHONE #: _____

BUSINESS HOURS: WEEKDAYS – OPEN: _____ CLOSE _____

WEEKENDS – OPEN: _____ CLOSE _____

WRECKER INFORMATION

LIST BELOW INFORMATION FOR EACH WRECKER:

	YEAR	MAKE	MODEL/TYPE	REG	VIN#
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

ENCLOSE A CLEAR PHOTOGRAPH OF EACH WRECKER SHOWING THE REGISTRATION, PLATE AND NAME AND ADDRESS OF ITS REGISTERED OWNER

ENCLOSE COPY OF REGISTRATION FOR EACH WRECKER

LIST THE ADDRESS WHERE THE WRECKER(S) WILL BE REGULARLY GARAGED OR STORED:

LIST THE TELEPHONE NUMBERS TO BE CALLED IN DESIRED ORDER WHEN WRECKER SERVICE IS NEEDED. IF PHONE NUMBER IS A RESIDENCE, LIST NAME OF PARTY BEING CALLED:

1. _____
2. _____
3. _____
4. _____

LIST WRECKER OPERATOR'S INFORMATION BELOW:

NAME	ADDRESS	DL#
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

STORAGE FACILITY

LIST STORAGE FACILITY INFORMATION

<u>LOCATION</u>	<u>SIZE</u>	<u>SECURITY FEATURES</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**** IF THE APPLICANT DOES NOT OWN THE STORAGE YARD, THE OWNER MUST CONSENT IN WRITING TO THE SUBMISSION OF THIS APPLICANT BY SIGNING BELOW.**

ENCLOSE A CLEAR PHOTOGRAPH OF EACH STORAGE FACILITY.

ENCLOSE A CLEAR PHOTOGRAPH OF EACH VEHICLE DEPICTING THE REGISTRATION PLATE ALONG WITH THE NAME AND ADDRESS OF THE REGISTERED OWNER.

ATTACH INSURANCE CERTIFICATES AS DETAILED IN WARREN TOWNSHIP ORDINANCE 16-33 SECTION 4-13.9.

CERTIFIED STATEMENT

THE UNDERSIGNED CERTIFIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE, COMPLETE AND TRUE. THE UNDERSIGNED FURTHER AGREES TO BE AVAILABLE FOR WRECKER SERVICE ON A TWENTY-FOUR (24) HOUR, SEVEN (7) DAY PER WEEK BASIS AND TO ABIDE BY THE INSTRUCTIONS AND DIRECTIONS OF THE CHIEF OF POLICE, HIS SUBORDINATES AND THE PROVISIONS OF THE WARREN TOWNSHIP ORDINANCE 16-33. I ALSO CERTIFY THAT I AM IN COMPLIANCE WITH ALL TOWNSHIP OF WARREN ORDIANCES INCLUDING BUT NOT LIMITED TO THE TOWING ORDIANCE AND ZONING ORDIANCE.

SIGNATURE OF APPLICANT

DATE

PRINT NAME

WITNESS

I HERBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY DESCRIBED ABOVE UNDER STORAGE YARD ADDRESS, THAT SUCH PROPERTY COMPLIES WITH ALL APPLICABLE WARREN ZONING REGULATIONS AND THAT I CONSENT TO THE FILING OF THIS APPLICATION

SIGNATURE OF STORAGE FACILITY
OWNER

DATE

PRINT NAME

WITNESS