

**BOROUGH OF FANWOOD
NEW JERSEY
POLICE DEPARTMENT**

APPLICATION FOR TOWING LICENSE

Date: _____ I hereby apply for a towing license for the year beginning _____,
20 ____, and ending December 31, 20 ____.

NAME OF OWNER/APPLICANT

BUSINESS ADDRESS MUNICIPALITY STATE

HOME ADDRESS

BUSINESS PHONE BUSINESS FAX HOME PHONE

HAVE YOU EVER BEEN CONVICTED OF A CRIME? EXPLAIN.

NAME AND ADDRESS OF INSURANCE COMPANY GARAGE KEEPERS AND BUSINESS

POLICY NUMBER LIABILITY LIMITS EXPIRATION DATE

DESCRIBE VEHICLE THAT WILL BE USED FOR TOWING.

DOES VEHICLE HAVE APPROVAL OF DIVISION OF MOTOR VEHICLES? PERMIT NO.

LOCATION WHERE TOW TRUCK IS GARAGED OR STORED. HOURS AVAILABLE

WHERE WILL VEHICLES BE STORED? NO. OF AVAILABLE SPACES

**Note: A description of the storage area showing how vehicles will be stored must be attached to
This application.**

IS STORAGE AREA OWNED BY APPLICANT? IF NOT, NAME OF OWNER.

Note: if storage area is leased, a copy of the lease must accompany this application.

IS LEASE CONCURRENT WITH DURATION OF THIS LICENSE APPLICATION?

RATES CHARGED. (ATTACHED LIST OF RATES)

I hereby certify that the information contained in this application as furnished by me is true and correct. I have read and understand that non-compliance with Chapter 89-71 to 89-86 of the Fanwood Borough Code or falsifying this application will result in suspension or forfeiture of my towing privileges

SIGNED
REV. 05/01

DATE