

**TOWNSHIP OF MONTGOMERY
TOWING AND STORAGE SERVICE LICENSE APPLICATION
COMPLETED APPLICATION DUE BY NOVEMBER 1**

LIGHT DUTY TOWER _____

FEE \$150.00 _____

HEAVY DUTY TOWER _____

FEE \$150.00 _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

CORPORATION INFORMATION: (if applicable)

Please list the names and addresses of all officers and directors:

Registered Office & Agent: _____

Please list names and residential addresses of every stockholder owning more than ten (10) percent of issued stock:

NOTE: Each Official Tower must have at least two tow vehicles available for Township tows. (Attach separate sheet, if necessary)

VEHICLE INFORMATION:

Year _____ Make _____ Type _____ Serial # _____

Registration # _____

Year _____ Make _____ Type _____ Serial # _____

Registration # _____

Registered Owner: _____

Address of Garaged Vehicles: _____

24 hour phone #: _____

OPERATOR INFORMATION: (Attach separate sheet, if necessary)

Name of Operator: _____

Address: _____

NJ Motor Vehicle Driver License #: _____

Name of Operator: _____

Address: _____

NJ Motor Vehicle Driver License #: _____

Applicants must submit the results of a criminal history name check for noncriminal justice purposes (New Jersey State Police SBI-212A form) conducted within the current calendar year for each tow operator listed on application.

STORAGE LOT INFORMATION:

Location: _____

Size: _____ Number of Storage Parking Spaces: _____

Number of Spaces Available in the Storage Lot: _____

Secured Facility: _____ Unsecured Facility: _____

Security Features of the Storage Lot where Towed Vehicles are Stored:

NOTE: The storage lot shall be secured by a fence, wall or other man-made barrier that is at least six (6) feet high. The facility is to be lighted at night. The storage facility must be located within 10 miles of the Township border.

Applicants must submit a form verifying the proposed storage area is a permitted use in the zone which is located under the municipal land use law (NJSA 40:55D-1)

INSURANCE INFORMATION:

Name and Address of Insurance Carrier: _____

Name and Address of Agent: _____

Policy Numbers of all Required Insurance Policies Pursuant to Section 4A-3 of the Code of the Township of Montgomery (Attach separate sheet, if necessary):

Submit a certificate of insurance and a schedule of the insured tow trucks being used, including the amounts of garage keeper’s legal liability coverage, any “on hook” coverage and liability insurance coverage that meet the requirements of Section 4A-3 of the Code.

Completed applications shall be submitted to the Office of the Township Clerk by November 1. Incomplete applications shall be returned. The term of all licenses issued shall run from January 1 through December 31.

THE CHIEF OF POLICE OR DESIGNEE MAY, AT ANY REASONABLE TIME, CONDUCT AN INSPECTION OF THE TOW VEHICLES AND/OR STORAGE LOT OF ANY APPLICANT OR LICENSEE FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH CHAPTER 4A OF THE CODE OF THE TOWNSHIP OF MONTGOMERY.

Signature of Applicant

Signed and sworn to before me on _____
Month Day Year

Notary _____

Seal

DO NOT WRITE BELOW LINE – OFFICE USE ONLY

The above named person or firm has been investigated for character and business responsibility.

This Application is approved: _____
Date

This Application is disapproved: _____
Date

Disapproved because of: _____

Captain/Director of Police

Township Clerk

