



TOWNSHIP OF RARITAN

TOWING/WRECKER OPERATORS LICENSE APPLICATION

TOWNSHIP USE	
Date Application Received	_____
Date Approved	_____ Rejected _____
Fee Received	_____

Company Name: _____

Company Owner(s): _____

Business Address: _____

Street

Town

State

Zip

Lot#

Block#

Day Phone: _____ Night Phone: _____ Fax: _____

Storage Location: Owned _____ Leased _____ (Attach Lease)

Storage Address: _____

Street

Town

State

Zip

Lot#

Block#

Storage Phone: _____ Secured: Yes _____ No _____

TOW VEHICLE(S)

Make	Model	Year	Rollback/Conv	Color	License Plate #	Towing Capacity
------	-------	------	---------------	-------	-----------------	-----------------

1. _____

2. _____

3. _____

4. _____

5. _____

REFERENCES: Names and phone numbers of other municipalities or firms for whom towing services have been provided.

Name

Phone

1. _____

2. _____

3. _____

4. _____

5. _____

Provide a list of information for: Owner, Licensee, Officers, Principals and Drivers.

Name	DOB	Drivers License #	State
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

ATTACH ADDITIONAL PAGES AS NECESSARY FOR ADDITIONAL ABOVE INFORMATION

Application Certification

1. The undersigned is the owner, principal officer or managing member of the above named applicant and has reviewed Raritan Township Ordinance #98-24 and the Township of Raritan Tow Operators rules, regulations and guidelines dates July 27, 1998. By submitting this application, the applicant as a condition of approval to be granted a license there under, and upon ordinance and Tow Operators rules, regulations and guidelines.
2. The undersigned, by applying for and accepting a Tow Operators license issued by the Township of Raritan, hereby agrees to indemnify and hold the Township of Raritan, it's officers and employees, harmless from any liability, damages, expenses or cost of suit, including reasonable attorney's fees and costs, arising out of any action undertaken as a Tow Operator performing towing and storage services as a licensee in the Township of Raritan under the Ordinance.

Signature of Witness

Signature of Applicant

Witness Print

Applicant Print

Date

Date