

2008/2009
TOW TRUCK BUSINESS

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Business Phone: _____ Evening Phone: _____

Tax Map #: _____

Applicants Name: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Social Security #: _____

1. Do you own the property on which you will conduct your towing business? (Yes) (No)
2. Type of Business: (a) Sole proprietorship (b) Partnership (c) Corporation
3. If partnership, please list partners (Include address, D/O/B and SS#)

TOW TRUCK INFORMATION

Year	Make & Model	Vehicle Identification	License Plate #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BODY SHOP & DEPOT INFORMATION

**Tax Map Number of Body Shop or Depot: _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Policy Number: _____ Expiration Date: _____

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

6. Tax Map Number of place you store your trucks: _____

7. Have you or any partner/member/officer/director been convicted of a crime within the last 5 years?

(Yes) (No) If Yes, give details: _____

DATE: CRIME: CHARGE: SENTENCE:

8. Have you or any partner/member/officer/director been denied a Towing License from the Town of Islip?

(Yes) (No) If Yes, give details: _____

ROSTER INFORMATION

East Accident () South Accident () North Accident () Heavy Duty ()

*****Check Here if you want to be on the Non-Accident Roster also ()*****

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****

Date Applicant's Signature
(Must be Notarized)

Notary

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

Fingerprints Paid: _____ License Fee: \$50 _____
License Issued: _____ Medallion Fee: _____ x \$50 _____
License #: _____ Non-Accident: \$50 _____
Accident: \$150 _____
Heavy Duty Roster: \$300 _____
Total: \$ _____