



For Office Use Only:

License #: \_\_\_\_\_

Permit #(s): \_\_\_\_\_

BOROUGH OF TOTOWA  
537 Totowa Road at Cherba Place  
Totowa, New Jersey 07512

**CHECK LIST FOR POLICE TOWING LICENSE APPLICATION**

- \_\_\_\_\_ \$100.00 Non-Refundable **INITIAL** application fee.
- \_\_\_\_\_ \$100.00 Non-Refundable **RENEWAL** application fee.
- \_\_\_\_\_ \$75.00 Non-Refundable **LICENSE** fee.
- \_\_\_\_\_ Photocopies of all registrations of every tow vehicle. If leased, a copy of lease Agreement.
- \_\_\_\_\_ Name, address and telephone number of applicant's insurance carrier and photocopies of each Certificate of Insurance issued by the carrier.
- \_\_\_\_\_ Photocopies of all towing vehicle operators' current drivers licenses and their Social Security Number.
- \_\_\_\_\_ Affidavit that information provided on application is true and correct.
- \_\_\_\_\_ Agreement - Indemnify and hold harmless Borough of Totowa.

**Name of Applicant** \_\_\_\_\_

**Trade Name** \_\_\_\_\_

**Location of Business** \_\_\_\_\_

**No. of trucks to be operated in towing business** \_\_\_\_\_

Date of Application \_\_\_\_\_

**BOROUGH OF TOTOWA**  
537 Totowa Road at Cherba Place  
Totowa, New Jersey 07512  
**POLICE TOWING APPLICATION**

Please answer ALL questions. Use n/a if it does not apply.

Business Trade Name		Business Property Owned <input type="checkbox"/> Rented <input type="checkbox"/>		
Business Address		City	State	Zip Code
Address of impound area (if different from above)		Business Phone #		
Owner's Name(s)		Email		
Address		City	State	Zip Code
Date of Birth	Place of Birth (City/State)			
Social Security #		Driver License #		
Address where you have resided in the last ten years, if different than above.				
Number of years experience in towing and vehicle storage.		List past towing and storage experience.		
Have you ever been convicted of a crime or a disorderly persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES, Where, when and on what charge?				
Additional owners, partners or corporate officers must be listed on Page 2.				
<u>IMPOUND AREA INFORMATION</u>				
Is there a minimum 6' high fence with one lockable gate? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<u>DEED/LEASE/INSURANCE INFORMATION</u>				
CERTIFICATE OF DEED/LEASE OF BUSINESS AND STORAGE AREA ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CERTIFICATE OF INSURANCE FOR BUSINESS AND STORAGE AREA ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CERTIFICATE OF INSURANCE FOR ALL TOWING VEHICLES ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Sworn and Subscribed this _____ day of _____, 20____		I have reviewed Totowa Ordinance #05-2015. Further, I hereby certify that all the information contained herein is true and accurate.		
Notary Public _____		_____ Signature of Owner		

Date of Application \_\_\_\_\_

**BOROUGH OF TOTOWA**  
537 Totowa Road at Cherba Place  
Totowa, New Jersey 07512  
**POLICE TOWING APPLICATION**

Please answer ALL questions. Use n/a if it does not apply.

1. Name		Address	
City/State/Zip	Telephone #	Date of Birth	
Place of Birth (City/State)	Soc. Security #	Driver Lic. #	
Addresses where you have resided in the last ten years, if different than above.			
Have you ever been convicted of a crime or disorderly persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			
2. Name		Address	
City/State/Zip	Telephone	Date of Birth	
Place of Birth (City/State)	Soc. Security #	Driver Lic. #	
Addresses where you have resided in the last ten years, if different than above.			
Have you ever been convicted of a crime or Disorderly Persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			
3. Name		Address	
City/State/Zip	Telephone	Date of Birth	
Place of Birth (City State)	Soc. Security #	Driver Lic. #	
Addresses where you have resided in the last ten years, if different than above.			
Have you ever been convicted of a crime or Disorderly Persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			

If more space is needed, use additional sheets and attach

Date of Application \_\_\_\_\_

**BOROUGH OF TOTOWA**  
**537 Totowa Road at Cherba Place**  
**Totowa, New Jersey 07512**  
**WRECKER AND TOW TRUCK INFORMATION**  
(One application required for each truck)

Owner/Lessee			
Address		City/State	
Truck Make	Model	Year	Color
VIN	Registration	Exp. Date	GVW
Insurance Company		Policy #	

	Check off all that apply.
1. Passed New Jersey MV Inspection?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Minimum 3/8" cable?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Minimum 3/8" safety chain?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Front and rear flashing lights?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Rotating amber light or light bar?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Permit for light bar?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Company name, address and phone # on side of truck; at least 3" letters?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Shovel and broom for clean-up?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Wheel Chocks?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Portable car dolly?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Minimum 50 lb. bag of Speedi-Dry on truck?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Insurance ID card for this vehicle? (Attach copy)	YES <input type="checkbox"/> NO <input type="checkbox"/>

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed to this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

# BOROUGH OF TOTOWA

Date of Application \_\_\_\_\_

537 Totowa Road  
Totowa, New Jersey 07512

## APPLICATION FOR TOW TRUCK OPERATOR

Each operator, if other than an owner, partner or corporate officer listed on this application, must complete a tow truck operator/driver application.

Name		Telephone #	
Address		City/State	
Name of towing company where employed			
Date of Birth		Place of Birth (City/State)	
Social Security #		Driver License #	State of Issue
Addresses where you have resided in the last ten years (if different than above)			
Have you ever been convicted of a crime or a disorderly persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed to this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of the issuance of a Towing License by the Municipal Council of the Borough of Totowa for the year 20\_\_\_\_\_, \_\_\_\_\_ agrees to save and indemnify and hold harmless the Borough of Totowa, its agents, servants and/or employees from and against all liability claims and judgments or demands for damages arising from accidents, losses or injuries to persons or property which results from the towing and storage of motor vehicles by \_\_\_\_\_, its agents, servants and /or employees.

\_\_\_\_\_  
Name of Company

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

Sworn and subscribed to this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

BOROUGH OF TOTOWA  
POLICE TOWING APPLICATION

AFFIDAVIT OF CERTIFICATION

I certify that the statements made by me on this attached Police Towing Application are true. I am aware that if any of the statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature of Applicant/Owner

Sworn and subscribed to this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_