

**BOROUGH OF BERGENFIELD
OFFICIAL TOW COMPANY APPLICATION**

Business Name _____

Business Street Address _____

Town/City _____ **Zip Code** _____

Business Phone _____ **Fax** _____

If the owner is a corporation, list the name, residence, and telephone number of every shareholder owning more than ten percent of the issued stock.

Business Owner (1) _____ **% Owned** _____

Owner's Street Address _____

Town/City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

SSN _____ **Driver License #** _____

Have you been convicted of a criminal offense or had your driver licensed suspended within the past year?
YES _____ NO _____

Business Owner (2) _____ **% Owned** _____

Owner's Street Address _____

Town/City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

SSN _____ **Driver License #** _____

Have you been convicted of a criminal offense or had your driver licensed suspended within the past year?
YES _____ NO _____

Business Owner (3) _____ **% Owned** _____

Owner's Street Address _____

Town/City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

SSN _____ **Driver License #** _____

Have you been convicted of a criminal offense or had your driver licensed suspended within the past year?
YES _____ NO _____

Address of location tow vehicles will be responding from _____

Owner of above address _____

Telephone number of property owner _____

Storage area address _____

Owner of storage area address _____

Telephone number of storage area owner _____

If the applicant is not the recorded owner of the properties listed above, the recorded owner(s) of the properties shall complete the following:

(I) (We) as owner(s) of the property to be used to provide towing services by:

Business Name

Hereby consent to the use of the property for the purpose of providing towing services as required by Ordinance# 06-2375 and Borough Code Chapter 284.

Owner's Signature

Owner's Signature

Print Name

Print Name

Street Address

Street Address

Town, State, Zip

Town, State, Zip

(I) (We) as owner(s) of the property to be used to provide storage services by:

Business Name

Hereby consent to the use of the property for the purpose of providing storage services as required by Ordinance# 06-2375 and Borough Code Chapter 284.

Owner's Signature

Owner's Signature

Print Name

Print Name

Street Address

Street Address

Town, State, Zip

Town, State, Zip

List all persons that will be operating tow vehicles:

Name	Address	Phone #	Driver License #	See Below*

**If driver has been convicted of a criminal offense or has had his/her driver's license suspended or revoked within the past year, check this box.*

Attach a photocopy of the driver license for each driver listed above

Year	Make	Body Type	Registration #	VIN

Attach a photocopy of the registration for each vehicle listed above

Auto Insurance Company _____

Company Address _____

Company Phone # _____

Policy # _____

Attach a copy of the Auto Insurance Policy

Business Insurance Company _____

Company Address _____

Company Phone # _____

Policy # _____

**Attach a copy of the Business Insurance Policy including proof of
Worker's Compensation coverage**

**Give the names, addresses and phone numbers of three business references whom you
have known for at least two years.**

Name _____

Address _____

Phone # _____

Name _____

Address _____

Phone # _____

Licensing fees:	Initial application under Ordinance 06-2375	\$150.00
	License for first vehicle on application	\$100.00
	License for each additional vehicle on application	\$50.00

I affirm that all information on this application is true and accurate. If it is subsequently determined that information furnished within this application is false, misleading or fraudulent, I understand that this application will be disqualified and all fees paid will be forfeited. I acknowledge that I have read and understand Chapter 284 of the Borough Code of the Borough of Bergenfield. I furthermore agree to conduct business as outlined in Chapter 284 of the Borough Code and abide by all conditions set by said Chapter.

Signature of Authorized Agent for Business

Print name of Authorized Agent for Business

Title of Authorized Agent

Please submit this completed application along with:

- **Required fees as outlined above**
- **Copies of all insurance policies**
- **Copies of driver licenses for all listed drivers**
- **Copies of registrations for all listed vehicles**
- **The completed hold-harmless agreement**

To:

**The Borough of Bergenfield
Office of the Borough Administrator
198 North Washington Avenue
Bergenfield, New Jersey 07621**