TOWNSHIP OF GREENWICH

420 WASHINGTON STREET
GIBBSTOWN, NJ 08027

APPLICATION FOR VEHICLE TOWING LICENSE

Name of Applicant: _____

Home Address: _____
Street City State Zip Code

Telephone: (Day) _____ (Evening) _____

Driver's License Number: _____ Issuing State: _____

Business Name: _____

Business Address: _____
Street City State Zip Code

Business Phone: _____ Email: _____

Ownership of Business is: ☐ Sole ☐ Partnership ☐ Corporation

NJ Business Registration Certificate No. _____ Taxpayer ID No. _____

If you are a corporation, list the names of your corporate officers and any other shareholders owning more than 10% of the business:

Name	Corporate Position/Title	Address

List below the names and addresses of each employee who may be providing towing services from your business (use an additional sheet if necessary):

Name	Driver's License # & State	Address

List below each vehicle which will be utilized for towing services (use an additional sheet if necessary): ***Must attach proof of ownership to application.***

Year	Make/Model/Description	Registration #/State	VIN

THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS APPLICATION:

- Brief summary of the area which is available for storage of vehicles. Must include location, square footage, and storage capacity
- Site plan or sketch of the storage site
- Proof of ownership or lease of storage premises
- Copy of your businesses towing fee schedule for the current year
- Proof of insurance ***Greenwich Township shall be listed as an additional insured on all insurance policies****

I hereby certify that I have been provided a copy of Greenwich Township Code, Chapter 643, titled "Towing and Storage of Vehicles". I further certify that I have sufficient personnel and equipment to provide a 24-hour towing service and to respond to all police calls in accordance with the requirements of Chapter 643 of the Greenwich Township Code.

_____ _____

Applicant's Signature Date

(For Township Use Only)

Request Received: ☐ In Person ☐ Mail ☐ Email ☐ Fax Date Received: _____

_____ Site Inspected By _____ Date _____ ☐ Satisfactory ☐ Failed

_____ Insurance Documents Provided and Inspected

_____ Fee Schedule Attached

_____ Approved by Chief of Police _____ Date _____

_____ Approved by Township Council _____ Date _____

Adopted at Township Meeting on _____

Affix Seal Here

A certified copy of the application will serve as official proof of license and will expire on December 31st following the date of issue.