 **Johnson City Police Department ROTATION TOW LIST APPLICATION**

31 Avenue C, Johnson City NY 13790

Directions:

All applicants should review the requirements and eligibility as set forth in Chapter 258 of the Village of Johnson City Code prior to filing application. Complete the form entirely, print, sign, and either submit by mail, in-person, or via email to [traffic@jcpolice.com](mailto:traffic@jcpolice.com) along with the required attachments as listed in this application.

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| **APPLICATION TO:** *(CHECK ONE OR BOTH)* | REGULAR DUTY TOW LIST HEAVY DUTY TOW LIST |

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| **BUSINESS INFORMATION** | | | | | | | | | | | |
| FULL LEGAL NAME OF TOWING FIRM BUSINESS/COMPANY: | | | | | | BUISNESS ADDRESS: | | | | | |
| FULL LEGAL NAME OF OWNER OF TOWING FIRM: | | | | | | HOME ADDRESS OF OWNER OF TOWING FIRM: | | | | | |
| FULL LEGAL NAME OF OPERATOR OF TOWING FIRM: | | | | | | HOME ADDRESS OF OPERATOR OF TOWING FIRM: | | | | | |
| PHYSICAL ADDRESS WHERE TOWING FIRM PRIMARY OFFICE IS LOCATED: | | | | | | | NUMBER OF YEARS IN BUSINESS | | | | |
| DO YOU PROVIDE TOWING SERVICES 7 DAYS A WEEK, 24 HOURS A DAY?  YES  NO | | | | | HOURS OF OPERATION FOR TOWED VEHICLES TO BE RETRIEVED: | | | | | | |
| TELEPHONE NUMBER TO BE CALLED TO DISPATCH A TOW TRUCK: | | | | | | | | | | | |
| TELEPHONE NUMBER TO BE CALLED FOR THE RETRIEVAL OF A TOWED VEHICLE: | | | | | | | | | | | |
| **VEHICLE STORAGE** | | | | | | | | | | | |
| PRIMARY STORAGE YARD PHYSICAL ADDRESS: | | | | | | | | | | OWNED RENTED  LEASED | |
| SECURED/FENCED?  YES NO | | LIT AT NIGHT?  YES  NO | OUTSIDE STORAGE CAPACITY | | | | | INSIDE STORAGE CAPACITY | | | |
| SECONDARY STORAGE YARD PHYSICAL ADDRESS: | | | | | | | | | | OWNED RENTED  LEASED | |
| SECURED/FENCED?  YES NO | LIT AT NIGHT?  YES  NO | | | OUTSIDE STORAGE CAPACITY | | | | | INSIDE STORAGE CAPACITY | | |
| **ADDITIONAL REQUIRED INFORMATION TO ATTACH TO THIS APPLICATION**: | | | | | | | | | | | |
| Checklist:  Copy of Insurance Liability Policy with minimum of one million dollars ($1,000,000).  Driver’s license photo copies of each employee that operates equipment.  Copy of complete listing of all towing, storage, additional and/or incidental fees.  List of all towing equipment including type, year, make, registration number, weight, and capacity. | | | | | | | | | | | |
| **APPLICANT’S AFFIRMATION** | | | | | | | | | | | |
| OWNER / OPERATOR SIGNATURE | | | | PRINT NAME & TITLE | | | | | | | DATE |

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| **TO BE COMPLETED BY POLICE DEPARTMENT** | | |
| APPLICATION: APPROVED  DENIED | | |
| NOTES: | | |
| APPROVED/DENIED BY: **X** | BADGE № | DATE |