

**TOWNSHIP OF CEDAR GROVE
ESSEX COUNTY NEW JERSEY**

TOWING CONTRACTOR APPLICATION

DATE:

NAME OF BUSINESS	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
ADDRESS		
CITY/STATE	ZIP CODE	TELEPHONE
OWNER	HOME PHONE	
DRIVER LICENSE #	SOCIAL SECURITY #	
Have you ever been convicted of a crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, when, where, and on what charge?		
Are you ready, willing and able to provide towing service in the Township within 15 minutes of any service call?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you consent to a police background check to be conducted by Township and/or state law enforcement officers:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you agree to appoint the Township Clerk as your true and lawful agent for the purpose of accepting service of legal process?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<u>STORAGE FACILITIES</u>		
ADDRESS: _____		
	YES	NO
1. Is storage facility located within the Township?	o	o
2. Is storage facility within 2.5 miles of any Township border?	o	o
3. Is property legally zoned for a storage yard?	o	o
4. Are storage facilities fenced in?	o	o
5. Are storage facilities well lit?	o	o
6. Is storage facility monitored with 24-hour cameras?	o	o
7. Does storage facility provide space for 30 or more vehicles?	o	o
<u>RATES</u>		
List the current rates established for the following:		
a) Towing of vehicles	\$ _____	
b) Towing with flatbed	\$ _____	
c) Storage	\$ _____	
d) Yard Charge for MV Accidents	\$ _____	
<u>EQUIPMENT</u>		
<input type="checkbox"/> LIGHT DUTY WRECKER	QUANTITY:	
STORAGE LOCATION	<input type="checkbox"/> OWNED	<input type="checkbox"/> LEASED
<input type="checkbox"/> CAR CARRIER VEHICLE	QUANTITY:	
STORAGE LOCATION	<input type="checkbox"/> OWNED	<input type="checkbox"/> LEASED

TOWING VEHICLE OPERATORS

NAME		
DRIVER LICENSE #	SOCIAL SECURITY #	DATE OF BIRTH
NAME		
DRIVER LICENSE #	SOCIAL SECURITY #	DATE OF BIRTH
NAME		
DRIVER LICENSE #	SOCIAL SECURITY #	DATE OF BIRTH

BUSINESS REFERENCES

NAME			
ADDRESS	CITY	STATE	ZIP
TELEPHONE	Has the reference known the applicant for at least two years?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NAME			
ADDRESS	CITY	STATE	ZIP
TELEPHONE	Has the reference known the applicant for at least two years?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

If business is a corporation provide the following information for every stockholder owning more than 10% of issued stock.

STOCKHOLDER NAME	EIN #
RESIDENCE	TELEPHONE
BUSINESS ADDRESS	BUS. PHONE
Have you ever been convicted of a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, when, where, and on what charge?	
STOCKHOLDER NAME	EIN #
RESIDENCE	TELEPHONE
BUSINESS ADDRESS	BUS. PHONE
Have you ever been convicted of a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, when, where, and on what charge?	
STOCKHOLDER NAME	EIN #
RESIDENCE	TELEPHONE
BUSINESS ADDRESS	BUS. PHONE
Have you ever been convicted of a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, when, where, and on what charge?	

The following must be submitted with application:

- CERTIFICATE OF INSURANCE
- SKETCH OF STORAGE FACILITY
- LIST OF TOWING EQUIPMENT
- MANUFACTURERS CERTIFICATION OF LIFTING CAPACITIES OF TOWING VEHICLES
- TOWERS RATE CARD

Applicants must comply with all requirements of Towing Ordinance No. 01-560; Chapter 244 of the Code of the Township of Cedar Grove.

AFFIDAVIT OF CERTIFICATION

I, _____, certify that the information and statements contained herein are true. I understand if any statement contained herein is willfully false I am subject to punishment.

Signature of Applicant/Owner

Sworn and subscribed before me
this _____ day of _____, 200 .

Notary Public

POLICE DEPARTMENT DETERMINATION	
<input type="checkbox"/> APPROVED	DATE:
<input type="checkbox"/> DENIED	
COMMENTS:	
SIGNED	

LICENSE NO. _____

DATE ISSUED: _____