

TOWNSHIP OF MIDDLETOWN  
APPLICATION - TOWING LICENSE

NAME (BUSINESS) \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWNER(S) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

VEHICLES TO BE USED (WRECKER, FLATBED, ETC.)

1. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

YEAR \_\_\_\_\_ WEIGHT CLASS \_\_\_\_\_

REG # \_\_\_\_\_ INSP. DATE \_\_\_\_\_

2. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

YEAR \_\_\_\_\_ WEIGHT CLASS \_\_\_\_\_

REG # \_\_\_\_\_ INSP. DATE \_\_\_\_\_

3. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

YEAR \_\_\_\_\_ WEIGHT CLASS \_\_\_\_\_

REG # \_\_\_\_\_ INSP. DATE \_\_\_\_\_

INSURANCE COMPANY

NAME \_\_\_\_\_

COPY ATTACHED: YES \_\_\_ NO \_\_\_

ADDRESS \_\_\_\_\_

TOWNSHIP NAMED AS ADDITIONAL

POLICY # \_\_\_\_\_

INSURED: YES \_\_\_ NO \_\_\_

COVERAGE \_\_\_\_\_

EXP. DATE \_\_\_\_\_

OPERATORS (INCLUDING OWNERS):

1. NAME \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

D.L.# \_\_\_\_\_

\_\_\_\_\_

D.L.# \_\_\_\_\_

3. NAME \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

D.L.# \_\_\_\_\_

\_\_\_\_\_

D.L.# \_\_\_\_\_

THE APPLICANT HEREBY CERTIFIES THAT HE HAS OBTAINED A COPY OF ORDINANCE #93-2337 WHICH DEALS WITH TOWING LICENSES, AND HAS READ THIS ORDINANCE PRIOR TO FILING THIS APPLICATION AND AGREES TO COMPLY WITH ALL OF ITS PROVISIONS.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION FEE: \$50

LICENSE ISSUED: YES \_\_\_ NO \_\_\_ DATE \_\_\_\_\_

LICENSE # \_\_\_\_\_

LICENSE FEE: \$125.00