

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