



TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004

PHONE: 973-882-2700 DEPT. EXT. 2501

FAX: 973-882-0365

MUNICIPAL CLERK/VITAL STATISTICS

APPLICATION FOR TOWING LICENSE

LEGAL BUSINESS NAME:
LEGAL BUSINESS ADDRESS:
TELEPHONE NUMBER:
BUSINESS PRINCIPAL LOCATION ADDRESS:
BUSINESS TYPE (<i>Corporation-Proprietorship-Partnership</i>):

Applicant shall provide the following information:

1. Photocopies of all registrations of every tow vehicle to be operated by applicant. If the tow vehicle is leased, the applicant is required to submit a lease agreement
2. Names, addresses and telephone numbers of any lien holders on the principal location.
3. Name, address and telephone number of the insurer and photocopies of each Certificate of Insurance required.
4. Photocopies of all towing vehicle operators' current driver's licenses as well as photocopies of drivers towing certificates or certifications. These are to be attached to the operator's individual application which is form T-01-99.
5. Evidence to demonstrate that the applicant applying for this License has at least three (3) years' experience in the field of towing and storing of vehicles.
6. Proof that the applicant has a principal location within five (5) miles of the Township of Fairfield Municipal Complex, 230 Fairfield Road, Fairfield, NJ. Mileage will be calculated by shortest roadway travel route as submitted by applicant.
7. Proof that the applicant's principal location meets all zoning requirements applicable for the towing and storage of vehicles in the jurisdiction where it is located.
8. Proof that the applicant can ensure a ten-minute response time on all calls, with exceptions of heavy or unusual traffic conditions.
9. The applicant shall complete the attached affidavit that the information given in application is true and correct.
10. The applicant shall provide an agreement that upon issuance of a license, the Licensee shall indemnify the Township of Fairfield against all claims of a third party relating to the towing and/or storage service of the Licensee.

APPLICATION FOR TOWING LICENSE - Page 2

11. Photocopy of New Jersey Sales Tax Certificate.
12. All owners, corporation officers and wrecker operators must complete the attached form T -01-99.
13. Does your company provide police towing for other police agencies? If 'yes' list all police agencies and contact person for that agency.

All of the above requested information must be fully completed and returned to the Township of Fairfield Municipal Clerk's Office. A non-refundable initial application fee of \$400.00 must accompany the completed application. All checks or money orders are to be made out to the Township of Fairfield.

After an initial investigation is completed the applicant will be notified and required to pay an additional criminal history record fee of \$15.00 for each individual listed in application. This criminal history record fee must be in a form of a certified check or money order made payable to the New Jersey State Police SBI. Applicant must provide individual certified checks or money orders for each individual criminal history record check.

Applicant may be required to submit further information or documentation as may be needed by the investigating officer.

Any questions concerning the application are to be directed to Officer Michael Nyhuis, Township of Fairfield Police Department, 973-227-1400.

UPON MY OATH OR AFFIRMATION, I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE. I FURTHER CERTIFY THAT I AM FAMILIAR WITH ORDINANCE #99-06, OF THE MUNICIPAL CODE OF THE TOWNSHIP OF FAIRFIELD.

Signature:
Print Name:
Title:
Date:

Sworn and subscribed to before me

This _____ Day of _____ 20__

Notary Public of New Jersey

My commission expires: _____
