

**BARRE CITY POLICE DEPARTMENT
TOW TRUCK SERVICE APPLICATION**

The information herein requested is considered necessary for the efficient administration of towing services by the Barre City Police Department. The submission of this questionnaire or its acceptance by the Barre City Police Department shall not be construed to be an exemption from any type of licensing required by either local ordinance or State statute. A willful misstatement of fact in the completion of this questionnaire or violation of any business practices considered being detrimental to the best interest of the general public or the Barre City Police Department shall be considered sufficient grounds for removal from an approved list. Any changes in the information provided in this questionnaire must be reported promptly, in writing, to the Barre City Police Department, Towing Services Supervisor.

It shall be understood that vehicles towed at the request of the Barre City Police Department will be in the exclusive custody of the towing business, unless otherwise specified by the Barre City Police Department. Disposition of such vehicles will be made by the towing business in accordance with State statute and Barre City Police Department procedure.

I DO HEREBY DECLARE AND AFFIRM UNDER THE PENALTIES OF PURJURY THAT THE CONTENTS OF THE AFOREGOING APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF; AND I SO INDICATE BY SIGNING BELOW IN THE DESIGNATED SPACE. I AGREE TO SUPPLY ANY ADDITIONAL INFORMATION NEEDED IN CONNECTION WITH THIS APPLICATION.

ANY FALSE INFORMATION WILL BE SUFFICIENT
GROUNDS FOR DENIAL OF THE APPLICATION

SIGNATURE OF APPLICANT	DATE

SUBSCRIBED AND SWORN TO BEFORE ME _____

THIS _____ DAY OF _____ 20_____.

NOTARY PUBLIC

BARRE CITY POLICE DEPARTMENT
TOW TRUCK SERVICE APPLICATION

Part 1

Trade Name of Business: _____

Address of Business: _____

Mailing Address (If different from above) _____

Telephone Numbers: Day _____ Night _____

Hours of Business: _____

Owner's Full Name: _____

(First) (Middle) (Last)

Date of Birth: _____ Home Telephone: _____

Home Address: _____

Driver's License No. _____ State: _____

Manager's Full Name: _____

(First) (Middle) (Last)

Date of Birth: _____ Home Telephone: _____

Home Address: _____

Driver's License No. _____ State: _____

Tow Truck Driver's Name: _____

(First) (Middle) (Last)

Date of Birth: _____ Home Telephone: _____

Home Address: _____

Driver's License No. _____ State: _____

Tow Truck Driver's Name: _____

(First) (Middle) (Last)

Date of Birth: _____ Home Telephone: _____

Home Address: _____

Driver's License No. _____ State: _____

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Part II

Services Provided Other Than Towing (Answer These Questions YES or NO):

Fuel – Gasoline _____ Diesel Fuel _____ Propane _____

Tires – Sell _____ Automobile _____ Truck _____

Tire Repair _____ Automobile _____ Truck _____

Motor Repairs _____ (Includes Radiator Hose, Fan Belts, Batteries, Etc.)

Road Service _____ (Change Flats & Minor Repairs Along the Roadside)

Credit Cards Accepted (List Cards) _____

Road Service Agency (AAA, Etc. – List Agencies) _____

Part III

Location of Storage Lot: _____

Capacity _____

Security (Fence, etc.) _____

Is the Business properly licensed under any applicable statutes and ordinances? _____

_____ (Submit copy of License with Application)

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Part IV

Tow Trucks - List each truck providing Year, Make, and Registration Information.

Year	Make	Tag No.	State	Class of Vehicle
Year	Make	Tag No.	State	Class of Vehicle
Year	Make	Tag No.	State	Class of Vehicle
Year	Make	Tag No.	State	Class of Vehicle
Year	Make	Tag No.	State	Class of Vehicle

Are all vehicles properly insured? _____
(Submit proof for each vehicle)

FOR BARRE CITY POLICE DEPARTMENT USE ONLY
TO BE COMPLETED BY THE TOWING SERVICES SUPERVISOR:

APPROVED: YES _____ NO _____

DATE: _____

SUPERVISOR: _____

REMARKS: _____

REVIEW:

Signature – Chief of Police

Date