

___ Initial

___ Renewal

Mount Holly Township Application for Towing License

Business Name*: _____

Business Address: _____

Business Phone Number(s): _____

Business Fax Number(s): _____

*If the application is being made for a corporation, please complete the attached Corporation Information Form.

Tow Truck Availability Information:

Address Where Tow Truck Garaged	Phone Number	Hours Available

Driver Information: Attach photo copy of each Driver's New Jersey Driver's License

Name of Driver	Home Address	New Jersey Driver's License Number

Insurance Information:

Please submit a Certificate of Coverage for all Insurance Policies required to town in the State of New Jersey. Liability Coverage must meet the New Jersey mandatory minimum of \$1,000,000.00 and satisfy the provisions set forth in Section IX of Ordinance 2001-07.

Name of Insurance Company: _____

Address of Insurance Company: _____

Insurance Agent & Contact Number: _____

Certificate of Insurance required and must be attached: No _____ Yes _____

Proof of Workman's Compensation attached: No _____ Yes _____

I certify that on-call towing and storage services will be available 24 hours per day, every day of the year. (IV. A. 7) _____ initial

I certify that the fees and procedures required by this chapter shall be complied with at all times. (IV. A. 8) _____ initial

I will allow the Chief of Police of the Mount Holly Township Police Department, or his designee, at any reasonable time, to conduct an inspection of the tow vehicles or storage facility, and any applicant or license for the purpose of determining compliance with this chapter.

(IV. A. 9) _____ initial

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to prosecution.

Signature of Applicant: _____

Date: _____

If applicant is a corporation:

Signature of Duly Authorized

Representative of the Applicant: _____

Print Name & Title: _____

Print Corporation Name & Address: _____

Date: _____

****This application shall become void in the event of any transfer of company ownership****