

Application for License to Operate Tow Truck(s)

as defined by Chapter 813, Saint Louis County Revised Ordinances

This application will be referred to the Police for background checks and investigation to determine if the business has been conducted in accordance with all applicable laws and ordinances

Tow truck parking facilities, storage areas and tow lots must be located in commercially zoned areas.

Please indicate the type of license for which you are applying: _____ New License _____ Renewal License

Please indicate the type of ownership and complete the corresponding part of the application:

___ Corporation/LLC ___ Partnership ___ Sole Owner ___ Other: _____

All Applicants must complete the section below

1. _____
Name of Owner, Partnership or Corporation/LLC (exactly as it appears on the Articles of Incorporation or Organization)

2. _____
Name of Business

3. _____
Street Address of Business (no PO Box Number)

4. _____
Mailing/Commercially Zoned Address (if different)

5. _____
Business Phone (with area code) Contact Phone (with area code)

6. Contact Email _____

7. **Sole Owner**

Name (First, MI, Last)

Street Address, City, State, Zip

Date of Birth ____/____/____ Sex ____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

8. **Partnership: List All Partners** (use additional sheets of paper if needed)

Last Name MI First Name

Street Address, City, State, Zip

Date of Birth ____/____/____ Sex ____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

Last Name MI First Name

Street Address, City, State, Zip

Date of Birth ____/____/____ Sex ____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

Last Name MI First Name

Street Address, City, State, Zip

Date of Birth ____/____/____ Sex ____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

9. **Corporation/LLC:**

State of Incorporation: _____ Date of Incorporation _____

Principal Office Street Address, City, State, Zip

Corporate Officers (use additional sheets of paper if needed):

Last Name MI First Name

Street Address, City, State, Zip

Date of Birth ____/____/____ Sex ____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

Last Name MI First Name

Street Address, City, State, Zip

Date of Birth ____/____/____ Sex ____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

Last Name MI First Name

Street Address, City, State, Zip

Date of Birth ____/____/____ Sex ____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

10. List ALL drivers, including self and part-time, who will be operating the tow truck(s) under the license. Use additional sheets of paper if needed.

Last Name _____ MI _____ First Name _____

Street Address, City, State, Zip _____

Date of Birth ____/____/____ Sex _____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

Last Name _____ MI _____ First Name _____

Street Address, City, State, Zip _____

Date of Birth ____/____/____ Sex _____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

Last Name _____ MI _____ First Name _____

Street Address, City, State, Zip _____

Date of Birth ____/____/____ Sex _____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

Last Name _____ MI _____ First Name _____

Street Address, City, State, Zip _____

Date of Birth ____/____/____ Sex _____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

Last Name _____ MI _____ First Name _____

Street Address, City, State, Zip _____

Date of Birth ____/____/____ Sex _____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

Last Name _____ MI _____ First Name _____

Street Address, City, State, Zip _____

Date of Birth ____/____/____ Sex _____ Race _____

Driver's License Number _____ Social Security Number ____/____/____

Have any of the persons listed on this application ever been convicted of any statute, law or ordinance involving theft, possession of stolen property, interstate transportation of stolen vehicles or any crime against persons, including, but not limited to all forms of assault, moral turpitude or the St. Louis County Tow Truck Code or previously had a Tow Truck License suspended or revoked?

No _____ Yes: _____

11. List each truck below (use additional sheets of paper if needed) Total number of tow trucks: _____

Year, Make & Model VIN Number

Year, Make & Model VIN Number

Year, Make & Model VIN Number

Year, Make & Model VIN Number

Year, Make & Model VIN Number

Do you do contract towing? No _____ Yes: _____ I have attached a list of my contracts

IMPORTANT: All contracts MUST be in writing and must be with you at all times when you are towing under that contract. The wording of the contract MUST include:

- Beginning and end dates of the contract
- Charge for the tow
- Location where the vehicle is being towed
- Name, address and phone number of the contractor

MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

STATE OF MISSOURI

COUNTY OF _____ }

The information contained in this application and accompanying documents is true, correct and complete to the best of my knowledge.

Printed Name of Owner, Partner or Officer

Signature of Owner, Partner or Officer

Printed Name of Owner, Partner or Officer

Signature of Owner, Partner or Officer

Subscribed and sworn before me on the _____ day of _____

My commission expires _____

Notary Public

OFFICE USE ONLY

Police Background Check: IN _____ OUT _____

License Number _____ Identification Number _____