

**TOWNSHIP OF BLOOMFIELD
TOWING COMPANY APPLICATION**

Application Fee: \$25.00 (Each Vehicle) Date Filed: _____

Total Amount Paid: _____ (Number of Vehicles x \$25.00)

Applicant's Name: _____ Telephone No.: _____

Home Address: _____

Business Name: _____ Telephone No.: _____

Business Address: _____

Address Where Vehicles Will Be Stored: _____

Name and Address of Insurance Carrier: _____

Policy Number: _____ Expiration Date: _____

NUMBER OF VEHICLES TO BE REGISTERED: _____

VEHICLE MAKE/MODEL	YEAR	VIN NUMBER	LICENSE PLATE

NUMBER OF EMPLOYEES WHO DRIVE ANY OF VEHICLES TO BE REGISTERED: _____

EMPLOYEE'S NAME	DRIVER'S LICENSE NUMBER

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION. FAILURE TO DO SO WILL RESULT IN THE DENIAL OF YOUR APPLICATION:

- Copy of Driver's License for each driver of any Vehicle listed above
- Copy of Registration for each Vehicle listed above
- Certificate of Liability Insurance or Commercial Liability Insurance covering each Vehicle listed above.

Dated: _____

Applicant's Signature

DO NOT WRITE BELOW THIS LINE

Approved by:

Police Director: _____

Municipal Clerk: _____

Date: _____

Date: _____