

# TOWING AND/OR BOOTING VENDOR LICENSE APPLICATION

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**ORIGINAL**  **RENEWAL**

### APPLICANT INFORMATION

Name of Applicant:			Date:
Address:			Date of Birth:
City:	State:	Zip Code:	US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone:	Fax:	E-mail	

### NAME AND LOCATION OF BUSINESS

Business Name:		Type of Business:	Fed ID #:
Business Address:		City:	State: Zip:
Phone Number:	Fax Number:	Email:	
Type of Business: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/>			

### LIST OF OFFICERS

Title, Name & Address:	Date of Birth:	Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Title, Name & Address :	Date of Birth:	Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Title, Name & Address :	Date of Birth:	Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Title, Name & Address :	Date of Birth:	Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>

***ON ATTACHED SHEET PLEASE LIST ALL EMPLOYEES THAT TOW/BOOT VEHICLES***

### NAME, LOCATION AND STORAGE CAPACITY OF FACILITY

Name:	Municipality:
Address:	Vehicle Storage Capacity:

### LICENSES HELD IN OTHER MUNICIPALITIES

Municipality	Type of License:	Expiration Date:
Municipality	Type of License:	Expiration Date:
Has any license been denied, suspended or revoked: Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:		

### INSURANCE REQUIREMENT

You must have \$2,000,000 liability insurance naming the City of New Rochelle as additionally insured: Yes  No

### SIGNATURES

I hereby certify that the licensee is under a contract to remove or boot an unattended vehicle that is deemed to be parked illegally on my personal property

Signature of Property Owner or Representative:	Date:
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### NOTARY OR COMMISSIONER OF DEEDS

Sworn and Subscribed to Before Me:	Seal:
Address:	
This _____ day of _____, 20_____	

I hereby apply for a license to remove or boot an unattended vehicle on private property, and bind myself and my employee(s) to the due observance of all laws and regulations governing same in the City of New Rochelle and further certify that no judgments are outstanding against me or my firm.

Signature of applicant:	Date:
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### NOTARY OR COMMISSIONER OF DEEDS

Sworn and Subscribed to Before Me:	Seal:
Address:	
This _____ day of _____, 20_____	

## TOWING AND/OR BOOTING VENDOR LICENSE APPLICATION

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### EMPLOYEE(S) INFORMATION SHEET

#### BUSINESS INFORMATION

Name of Applicant:		Date:	
Name of Business:		Towing <input type="checkbox"/> Booting <input type="checkbox"/>	
Business Address:	City:	State:	Zip:
Email Address:	Phone:	Fax:	

#### VEHICLES TO BE USED FOR TOWING AND/OR BOOTING

Make & Model of Vehicle (s)	Vin #
Make & Model of Vehicle (s)	Vin #
Make & Model of Vehicle (s)	Vin #
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Not for Profit <input type="checkbox"/>	

#### LIST ALL EMPLOYEES THAT WILL BE TOWING AND/OR BOOTING VEHICLES.

Name:		Date of Birth:	
Address:		Driver's License Number:	
City:	State:	ZIP Code:	
NRPD: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>		Comments:	
Name:		Date of Birth:	
Address:		Driver's License Number:	
City:	State:	Zip Code:	
NRPD: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>		Comments:	
Name:		Date of Birth:	
Address:		Driver's License Number:	
City:	State:	Zip Code:	
NRPD: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>		Comments:	
Name:		Date of Birth:	
Address:		Driver's License Number:	
City:	State:	Zip Code:	
NRPD: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>		Comments:	
Name:		Date of Birth:	
Address:		Driver's License Number:	
City:	State:	Zip Code:	
NRPD: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>		Comments:	
I certify that the above named individuals are employed by my firm and vouch for their character			
Signature of applicant:			Date:

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VENDOR LICENSE APPLICATION**

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**CITY OF NEW ROCHELLE AUTHORIZATIONS**

**1. BUILDING DEPARTMENT**

I have investigated the location(s) indicated as storage facilities and the premises of the proposed application and have determined that such location meets the requirements of Chapter 331 of the New Rochelle Zoning Ordinance.

Signature	Date
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**2. RISK MANAGER**

I have examined the insurance policy provided by the applicant naming the City of New Rochelle as an additional insured and in my judgment, the insurance policy meets the requirements the City Code.

Signature	Date
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**3. LAW DEPARTMENT**

I have examined the insurance policy and all applicable Westchester County and other municipality's licensing requirements as well as applicable local, state and federal regulations for booting, towing and/or removal of an unattended vehicle, and in my judgment, the same is satisfactory according to the New Rochelle City Code.

Signature	Date
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**4. FIRE DEPARTMENT**

I examined the application and location(s) described in this application and certify that it complies with the requirements of the New Rochelle Fire Code.

Signature	Date
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**5. POLICE DEPARTMENT**

I have reviewed the application for a booting, towing and/or removal of an unattended vehicle as well as the moral character of the applicant and determined that attached application meets the requirements of the City Code and a license is granted.

Signature	Date
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**6. CITY CLERK**

Signature	Date
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**Fee: \$750.00**



(City Seal)