

Date of Application _____



Village of Suffern
61 Washington Avenue
Suffern, New York 10901

For Office Use Only:	
License No.:	_____
Date Issued:	_____

POLICE TOWING APPLICATION

_____ INITIAL Application
_____ RENEWAL Application

Name of Applicant:

Permanent Home Address of Applicant:

Business Name:

Business Address:

Business Phone Number:

No. of trucks to be operated in towing business: _____

No. of Operators w/Class A: _____

No. of Operators w/Class B: _____

No. of Operators w/Class C: _____

No. of Operators w/Class D: _____

REQUIRED INFORMATION:

CERTIFICATE OF INSURANCE FOR BUSINESS AND STORAGE AREA ATTACHED? _____

CERTIFICATE OF INSURANCE FOR ALL TOWING VEHICLES ATTACHED? _____

REGISTRATION FOR ALL TOWING VEHICLES ATTACHED _____

PROOF OF INSURANCE FOR EACH REGISTERED DRIVER? _____

COPY OF DRIVER'S LICENSE FOR EACH REGISTERED DRIVER? _____

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POLICE TOWING APPLICATION

Please answer ALL questions. Use N/A if it does not apply.

Business Name		Business Property	
		Owned	Rented
Business Address	City	State	Zip Code
Address of impound area (if different from above)		Business Phone #	
Owner's Name(s)		Email	
Address	City	State	Zip Code
Date of Birth		Driver's License #	
List past towing and storage experience.			
<p>Have you ever been convicted of a crime or a disorderly persons offense? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, where, when and on what charge?</p>			
<p>Have you or any partner, corporate officer, principal or agent had a tow service license issued by any other municipality or other governmental unit revoked or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, provide a statement of the date of said suspension or revocation, the reasons cited by the governmental unit, and where the license was reinstated.</p>			
Are there available spaces for towed and stored vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is there a minimum 7' high fence with one lockable gate? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Additional owners, partners or corporate officers must be listed on Page 3.			
<p>I hereby certify that all the information contained herein is true and accurate.</p> <p>I have reviewed Village of Suffern Local Law 5 of 2020.</p>			
<p>_____</p> <p>Signature of Owner</p>			

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POLICE TOWING LICENSE APPLICATION

ADDITIONAL OWNER/OPERATOR

ALL additional owner/operators must answer the following questions.

Use N/A if it does not apply.

1. Name		Address	
City/State/Zip		Date of Birth	
Driver License #	Telephone #	Cell Phone#	
Have you ever been convicted of a crime or disorderly persons offense? ____ Yes ____ No			
If YES, where, when and on what charge?			
2. Name		Address	
City/State/Zip		Date of Birth	
Driver License #	Telephone #	Cell Phone#	
Have you ever been convicted of a crime or disorderly persons offense? ____ Yes ____ No			
If YES, where, when and on what charge?			
Include Additional Sheets As Required			

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APPLICATION FOR TOW TRUCK OPERATOR

**Each driver, other than an owner(s) listed on this application
must complete a tow truck operator/driver application**

Name	Cell Phone #
Address	Home Phone #
City/State/Zip Code	Date of Birth
Name of towing company where employed	
Driver License #	State of Issue
Addresses where you have resided in the last two years (if different than above)	
Have you ever been convicted of a crime or a disorderly persons offense? If YES, Where, when and on what charge?	
To Be Completed By Notary Public	
_____ Signature of Applicant	
Sworn and Subscribed this _____ of _____, 20__	
Notary Public _____	

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WRECKER AND TOW TRUCK INFORMATION

(One application required for each truck)

Owner/Lessee			
Address		City/State	
Truck Make	Model	Year	Color
VIN	Registration	Exp. Date	
Insurance Company		Policy #	
<p>Circle all that apply:</p> <ol style="list-style-type: none">1. YES NO Passed New York MV Inspection2. YES NO Minimum 3/8" cable?3. YES NO Minimum 3/8" safety chain?4. YES NO Front and rear flashing lights?5. YES NO Rotating amber light or light bar?6. YES NO Permit for light bar?7. YES NO Company name, address and phone # on side of truck; at least 3" letters?8. YES NO Shovel and broom for clean-up?9. YES NO Wheel Chocks?10. YES NO Portable car dolly?11. YES NO Minimum 50 lb. bag of Speedy-Dry on truck?12. YES NO Insurance card for this vehicle (Copy Attach)13. YES NO Registration card for this vehicle (Copy Attach)			

HEAVY DUTY TOW TRUCK INFORMATION
CAPABLE OF TOWING WEIGHT GREATER THAN 10,000 LBS.

(One application required for each truck)

Owner/Lessee			
Address		City/State	
Truck Make	Model	Year	Color
VIN	Registration	Exp. Date	
Insurance Company		Policy #	
<p>Circle all that apply:</p> <p>14. YES NO Passed New York MV Inspection</p> <p>15. YES NO Minimum 3/8" cable?</p> <p>16. YES NO Minimum 3/8" safety chain?</p> <p>17. YES NO Front and rear flashing lights?</p> <p>18. YES NO Rotating amber light or light bar?</p> <p>19. YES NO Permit for light bar?</p> <p>20. YES NO Company name, address and phone # on side of truck; at least 3" letters?</p> <p>21. YES NO Shovel and broom for clean-up?</p> <p>22. YES NO Wheel Chocks?</p> <p>23. YES NO Portable car dolly?</p> <p>24. YES NO Minimum 50 lb. bag of Speedy-Dry on truck?</p> <p>25. YES NO Insurance card for this vehicle (Copy Attach)</p> <p>26. YES NO Registration card for this vehicle (Copy Attach)</p>			