

APPLICATION TO OPERATE **WRECKERS FOR TOWING SERVICE** UNDER THE PROVISIONS OF CHAPTER 407 OF THE CODE OF THE BOROUGH OF HIGHLAND PARK, NJ
TO THE BOROUGH CLERK

The undersigned hereby applies for a wrecker license under the terms and conditions of the "BOROUGH OF HIGHLAND PARK WRECKER ORDINANCE".

Name of Wrecker Owner: _____

Trade Name: _____

Home Address: _____

Business Address: _____

Business Phone No.: _____, Fax: _____

E-mail: _____ Description of Wrecker (List each wrecker separately, no more than 3 per business)

Make: _____ Make: _____ Make: _____

Year: _____ Year: _____ Year: _____

Type: _____ Type: _____ Type: _____

VIN No. _____ VIN No. _____ VIN No. _____

Motor Capacity: _____ Motor Capacity: _____ Motor Capacity: _____

Gross Weight: _____ Gross Weight: _____ Gross Weight: _____

NJ. Tag. No.: _____ NJ. Tag. No.: _____ NJ. Reg. No.: _____

Time Period used as a Wrecker: _____ How long used as Wrecker: _____ How long used as Wrecker: _____

**** Photos of all the equipment and storage facilities will be forwards with the application.**

Storage Lot:

Number of spaces and size of lot available for storage of disabled vehicles. (NOTE: NO vehicles stored on public property or street): _____

Location where customers will come and claim stored vehicle: _____

Security Features of Storage Lot: _____

INSURANCE POLICIES: Copy of policy and/or certificate with Borough named, as additional insured **MUST be filed with application.** If the insurance required by this Ordinance is cancelled or terminated for any reason, including but not limited to non-payment of premium or cancellation by insured or insurer, the license applied for and/or issued shall be void

AUTO GARAGE KEEPER'S POLICY Name of Company: _____

Policy No.: _____ Expiration Date: _____

Policy Limits (minimum of \$50,000 covering fire, theft, explosion): _____

Collision Coverage (Subject to \$100 deductible): _____

AUTO GARAGE LEGAL LIABILITY Name of Company: _____

Policy No.: _____ Expiration Date: _____

Policy Limits per person: _____ Per accident: _____

Property damage: _____

I agree to abide by Police Department Rotation Call list. Fee Submitted: _____

Signed: _____ (\$200 per year)

Title: _____

I, _____, under oath depose and say that all of the above statements and information are true and correct and known by me to be so.

Signed: _____

Date: _____

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public
My Commission expires: _____

-OVER-

TO BE COMPLETED BY CHIEF OF POLICE

I have examined the application and find the information provided to be (correct, incorrect).

The applicant(s) is/are qualified and public necessity and convenience would be served by issuance of the license applied for.

The applicant(s) is not/are not qualified.

I recommend that the license be granted/denied.

Chief of Police

Approved by the Borough Council on: _____

License No.: _____ Issued: _____

Borough Clerk