

VERONA

Township of Verona, New Jersey



For Office Use Only:

License #: _____

Permit #(s): _____

Township of Verona
600 Bloomfield Avenue
Verona, NJ 07044

CHECK LIST FOR POLICE TOWING LICENSE APPLICATION

- _____ \$500.00 Non-Refundable INITIAL application fee
- _____ \$500.00 Non-Refundable RENEWAL application fee
- _____ \$75.00 Non-Refundable LICENSE fee
- _____ Photocopies of all registrations of every tow vehicle. If leased, a copy of lease Agreement.
- _____ Name, address and telephone number of applicant's insurance carrier and photocopies of each Certificate of Insurance issued by the carrier.
- _____ Photocopies of all towing vehicle operators' current drivers licenses and their Social Security Number.
- _____ Affidavit that information provided on application is true and correct.
- _____ Agreement – Indemnify and hold harmless Township of Verona.

Name of Applicant: _____

Trade Name: _____

Location of Business: _____

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: _____

New driver(s)/operator(s) applied for background check? Yes: ☐ No: ☐

**TOWNSHIP OF
VERONA**
600 Bloomfield Avenue
Verona, New Jersey 07044

Date of Application

(as per Ord. #2017-25)

Please answer ALL questions. Use n/a if it does not apply.

Business Trade Name		Business Property Owned <input type="checkbox"/> Rented <input type="checkbox"/>	
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	Place of Birth (City/State)		
Social Security #		Driver License #	
Address where you have resided in the last ten years, if different than above.			
Number of years experience in towing and vehicle storage.		List past towing and storage experience.	
Have you ever been convicted of a crime or a disorderly persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			
Additional owners, partners or corporate officers must be listed on Page 2.			
<u>IMPOUND AREA INFORMATION</u>			
Are there at least 50 spaces for towed and stored vehicles? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is there a minimum 7' high fence with one lockable gate? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<u>DEED/LEASE/INSURANCE INFORMATION</u>			
CERTIFICATE OF DEED/LEASE OF BUSINESS AND STORAGE AREA ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CERTIFICATE OF INSURANCE FOR BUSINESS AND STORAGE AREA ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CERTIFICATE OF INSURANCE FOR ALL TOWING VEHICLES ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
County of _____		I have reviewed Verona Township Ordinance #2017-25. Further, I hereby certify that all the information contained herein is true and accurate. _____ Signature of Owner	
Sworn and Subscribed this			
_____ day of _____ 20 _____			
Notary Public _____			

TOWNSHIP OF VERONA

Date of Application _____

600 Bloomfield Avenue

Verona, New Jersey 07044

POLICE TOWING APPLICATION

Please answer ALL questions. Use n/a if it does not apply.

1. Name		Address	
City/State/Zip	Telephone #	Date of Birth	
Place of Birth (City/State)	Soc. Security #	Driver Lic. #	
Addresses where you have resided in the last ten years, if different than above.			
Have you ever been convicted of a crime or disorderly persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			
2. Name		Address	
City/State/Zip	Telephone	Date of Birth	
Place of Birth (City/State)	Soc. Security #	Driver Lic. #	
Addresses where you have resided in the last ten years, if different than above.			
Have you ever been convicted of a crime or Disorderly Persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			
3. Name		Address	
City/State/Zip	Telephone	Date of Birth	
Place of Birth (City/State)	Soc. Security #	Driver Lic. #	
Addresses where you have resided in the last ten years, if different than above.			
Have you ever been convicted of a crime or Disorderly Persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			
If more space is needed, use additional sheets and attach		TowerApplication-2017	

TOWNSHIP OF VERONA

600 Bloomfield Avenue
Verona, New Jersey 07044

Date of Application _____

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	GVW
Insurance Company		Policy #	

	Check off all that apply.	
1. Passed New Jersey MV Inspection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Minimum 3/8" cable?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Minimum 3/8" safety chain?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Front and rear flashing lights?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Rotating amber light or light bar?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Permit for light bar?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Company name, address and phone # on side of truck; at least 3" letters?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Shovel and broom for clean-up?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Wheel Chocks?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Portable car dolly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Minimum 50 lb. bag of Speedi-Dry on truck?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Insurance ID card for this vehicle? (Attach copy)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

County of _____

Sworn and Subscribed this

_____ day of _____ 20 _____

Notary Public _____

Signature of Owner

TOWNSHIP OF VERONA

Date of Application _____

600 Bloomfield Avenue
Verona, New Jersey 07044

APPLICATION FOR TOW TRUCK OPERATOR

Each operator, if other than an owner, partner or corporate officer listed on this application, must complete a tow truck operator/driver application.

Name		Telephone #	
Address		City/State	
Name of towing company where employed			
Date of Birth		Place of Birth (City/State)	
Social Security #		Driver License #	State of Issue
Addresses where you have resided in the last ten years (if different than above)			
Have you ever been convicted of a crime or a disorderly persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			

County of _____

Sworn and Subscribed this

_____ day of _____ 20 _____

Notary Public _____

Signature of Applicant

VERONA

Township of Verona, New Jersey



INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of the issuance of a Towing License by the Municipal Council of the Township of Verona for the year 20____, _____ agrees to save and indemnify and hold harmless the Township of Verona, its agents, servants and/or employees from and against all liability claims and judgments or demands for damages arising from accidents, losses or injuries to persons or property which results from the towing and storage of motor vehicles by _____ its agents, servants and/or employees.

Name of Company

By: _____
Signature

Print Name & Title

County of _____

Sworn and subscribed before me this

_____ day of _____ 20____

Notary Public

VERONA

Township of Verona, New Jersey



POLICE TOWING APPLICATION AFFIDAVIT OF CERTIFICATION

I certify that the statements made by me on the attached Police Towing Application are true. I am aware that if any of the statements made by me are willfully false, I am subject to punishment.

Signature of Applicant/Owner

Print Name of Applicant/Owner

County of _____

Sworn and subscribed before me

This _____ day of _____, 20____

Notary Public