

EATONTOWN POLICE DEPARTMENT
47 BROAD STREET
EATONTOWN, NEW JERSEY 07724
732-542-0100



TOWING LICENSE APPLICATION

BUSINESS NAME: _____

ADDRESS: _____

EMERGENCY PHONE #: Day: _____ Night: _____

NAME & ADDRESS OF TOW TRUCK OWNER (If other than applicant): _____

IF CORPORATION – NAME AND ADDRESS OF EACH OFFICER AND DIRECTOR: _____

INSURANCE COMPANY: _____

ADDRESS: _____ **POLICY NO.** _____

LOCATION(S) OF PREMISES WHERE TOW TRUCKS ARE TO BE GARAGED:

1. _____

2. _____

LOCATION(S) OF PREMISES WHERE VEHICLES ARE TO BE STORED:

1. _____

2. _____

MAXIMUM NUMBER OF VEHICLES STORED AT EACH LOCATION:

1. _____ 2. _____

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TOW TRUCK INFORMATION: (Attach separate sheet if necessary)

1. YEAR _____ MAKE _____ TYPE _____ WEIGHT _____

REGISTRATION _____ EXPIRATION _____

2. YEAR _____ MAKE _____ TYPE _____ WEIGHT _____

REGISTRATION _____ EXPIRATION _____

**THE ABOVE APPLICANT AGREES TO ABIDE BY ALL THE RULES AND
REGULATIONS CONTAINED IN THE EATONTOWN ORDINANCE 303-1-10
PERTAINING TO TOWERS AND WRECKERS, AND ALL LAWS OF THE STATE
AND FEDERAL GOVERNMENT.**

**Applicant agrees to include all necessary documents required within the Borough of
Eatontown Ordinance along with completed application.**

APPLICANT SIGNATURE: _____ DATE: _____