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## 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. \_\_\_\_\_

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



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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: \_\_\_\_\_