

LICENSE NO: _____

LICENSE FEE: _____

TOTAL TOW CARS: _____

DATE PAID: _____

TOW CAR

RECEIPT NO: _____



City of Long Beach
Office of the City Clerk
1 West Chester Street, Long Beach, NY 11561 • (516) 431-1002

2
0
1
2

APPLICATION FOR TOWING CAR LICENSE

CHECK ONE: NEW APPLICATION RENEWAL

DATE: _____

STATE OF NEW YORK:
COUNTY OF NASSAU: SS

PLEASE PRINT

I SOLEMNLY SWEAR TO THE TRUTH OF THE FOLLOWING STATEMENTS:

COMPANY INFORMATION

TRADE NAME:	
CORPORATE NAME:	
BUSINESS ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
EMAIL:	DO YOU WANT TO BE CONSIDERED FOR THE LONG BEACH POLICE TOW LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO
NYS CHAUFFEUR'S LICENSE NO:	EXPIRATION:

OWNER / COMPANY OFFICER INFORMATION

PLEASE LIST OWNER(S) NAME / CORPORATE OFFICERS BELOW:

NAME	ADDRESS (Street, City, State, Zip)	DATE OF BIRTH	TITLE	TEL #

HAVE ANY OF THE ABOVE:

(A) HELD LICENSES PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	(B) HAD A LICENSE REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	(C) BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN: _____
(D) OWN ANY INTEREST IN ANY OTHER TOWING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES LIST: _____		

Have you read the Rules, Regulations and Ordinances of the City Of Long Beach governing the conduct of your business (Sec. 24-75 thru Sec. 24-96 of the Code of Ordinances regulating Towing Cars in the City Of Long Beach)? YES NO

APPLICANT CERTIFICATION

In consideration of being granted the license applied for, I hereby agree to comply with all the rules and regulations of the Police Department, the laws of the City of Long Beach, State of New York, and other proper authorities. I also understand that any violation of said rules and regulations or laws may result in the suspension or revocation of license. Any False statement made in this application is punishable as a Class A Misdemeanor pursuant to section 210.45 of the penal law.

SWORN TO BEFORE ME THIS _____ DAY

CORPORATE OR TRADE NAME

OF _____, 20____

PRINT NAME and TITLE

NOTARY PUBLIC

SIGNATURE

