



<p><i>For Office Use Only:</i></p> <p>License #: _____</p> <p>Permit #(s): _____</p>
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Township of Wayne
475 Valley Road
Wayne, NJ 07470

CHECK LIST FOR POLICE TOWING LICENSE APPLICATION

- _____ \$500.00 Non-Refundable **INITIAL** application fee (as per Chapter 191)
- _____ \$250.00 Non-Refundable **RENEWAL** application fee (as per Chapter 191)
- _____ \$100.00 Non-Refundable **LICENSE** fee (as per Chapter 191)
- _____ 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 Wayne.

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: _____

No. of New driver(s)/operator(s) listed on this application: _____
NEW DRIVER(S) MUST APPLY FOR BACKGROUND CHECK WITH THE WAYNE TOWNSHIP POLICE DEPT RECORDS BUREAU.

TOWNSHIP OF WAYNE

Date of Application _____

475 Valley Road
Wayne, New Jersey 07470

POLICE TOWING APPLICATION (as per Ord. #35-94)

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.					
IMPOUND AREA INFORMATION (required by Ord. 35-94)					
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"/>					
DEED/LEASE/INSURANCE INFORMATION					
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"/>					
Sworn and Subscribed this _____ day of _____ 20 ____		I have reviewed Wayne Township Ordinance #35-94. Further, I hereby certify that all the information contained herein is true and accurate.			
Notary Public _____		_____ Signature of Owner			

TOWNSHIP OF WAYNE

Date of Application _____

475 Valley Road
Wayne, New Jersey 07470

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?			

TOWNSHIP OF WAYNE

475 Valley Road

Wayne, New Jersey 07470

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"/>

Sworn and Subscribed this

_____ day of _____ 20 _____

Notary Public _____

Signature of Owner

TOWNSHIP OF WAYNE

Date of Application _____

475 Valley Road
Wayne, New Jersey 07470

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?			

Sworn and Subscribed this

_____ day of _____ 20 ____

Notary Public _____

Signature of Applicant

**TOWNSHIP OF WAYNE
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

Sworn and subscribed before me

This _____ day of _____, 20____

Notary Public

TOWNSHIP OF WAYNE

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of the issuance of a Towing License by the Township Council of the Township of Wayne for the twelve month period beginning on _____, 202__ and ending on _____ year 202__ (the "Term"), _____ agrees to obtain and maintain during the Term insurance coverage in accordance with the requirements set forth in in Chapter 191, Section 191-8 of the Code of Township of Wayne. Notwithstanding satisfaction of its insurance obligations under the Chapter 191, Section 191-8 further agrees to save, indemnify and hold harmless the Township of Wayne, its agents, officials, insurers, servants and/or employees (collectively, the "Township Entities") 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/or storage of motor vehicles by _____, its principals, agents, servants and/or employees, including but not limited to satisfaction of any deductibles or self-insured retentions that may apply under any of the aforementioned insurance policies (the "Indemnity"). The Indemnity obligations of _____ shall survive expiration or earlier termination of the Term.

(Date)

(Signature of Owner)

(Print Name & Title)

Sworn and subscribed before me this
_____ day of _____, 202__

Notary Public