Township of Mansfield

100 Port Murray Road- Port Murray, New Jersey 07865
908-689-6151

APPLICATION FOR TOWING LICENSE

Name of Applicant: _____

Please select Towing Service Capabilities:

Light- Duty Operation Only: _____ Heavy- Duty Operation Only: _____

Light and Heavy- Duty Combination: _____

Trade Name of Business: _____

Business Address: _____

Business Phone Number: _____

Home Address: _____

Home Phone Number: _____

If applicant is a Corporation or Partnership, state the name of Corporation or Partnership and list the names, business and home addresses, and phone numbers of all shareholders or partners owning ten percent (10%) or more the stock or interest in the Corporation or Partnership.

Corporation or Partner Name(s): _____

Stockholder or Partner Name(s): _____

Business Address: _____

Home Address: _____

Business Phone: _____ Home Phone: _____

Stockholder or Partner Name(s): _____

Business Address: _____

Home Address: _____

Business Phone: _____ Home Phone: _____

Use additional pages if necessary

FOR TOWNSHIP USE ONLY

Light Duty Operation Only: $100 application fee: Date: _____ Check # _____ Initials _____

Heavy Duty Operation Only $100 application fee: Date: _____ Check # _____ Initials _____

Light & Duty Operation $150 application fee: Date: _____ Check # _____ Initials _____

☐ Application is **APPROVED** **Date:** _____ Permit Number: _____ Initials: _____

☐ Application is **DENIED** **Date:** _____ **Signature:** _____

Reason For denial: _____

DESCRIPTION OF VEHICLE(S) TO BE OPERATED

Make	Year	Reg. #	VIN#	Capacity	Flatbed/Conv.

Use additional pages if necessary

State the names, addresses, dates of birth, and drivers' license numbers of all employees and individuals who will be responding to towing calls under the Ordinance.

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Driver's License #: _____

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Driver's License #: _____

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Driver's License #: _____

Use additional pages if necessary

INSURANCE

Name of Insurance Company: _____

Address: _____

Name of Insurance Agency: _____

Address: _____

Phone Number: _____

Insurance coverage to coincide with the current Ordinance § 313-9.

Type of Insurance	Policy #	Expires	Liability	Property Damage
Garage Keepers Legal Liability				
Garage Liability				

STORAGE FACILITIES

Storage Location: _____

Size of Storage Area: _____

Approximate Number of Cars that can be stored: Inside: _____

Outside: _____

Security Features: _____

ADDITIONAL INFORMATION

Wrecker Capabilities (Heavy Duty, etc.):

_____

List any Motor Clubs (AAA, Amoco, etc.) your Company is affiliated with:

_____

Include copies of the following with this application:

- All vehicle registrations
- All insurance policies

I hereby agree to make every attempt to be available or provide alternate wrecker service to the Township of Mansfield on a 24-hour basis each day of the year, and to abide by the fees set forth by the Township Committee and the New Jersey Department of Insurance. I, as a Wrecker Owner or Business Owner, will accept responsibility for any damage sustained by vehicles being towed or stored, and all personal injuries occurring to any firm's employees or other persons as a result of towing and store, or activities related to towing and storage under the current Township of Mansfield Ordinance § 313-1. I certify that all wrecker operators have the proper valid New Jersey driver's license and are properly trained to operate the required equipment.

_____

Wrecker Business Owner Name Printed

_____

Signature Date

TOWNSHIP OF MANSFIELD

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

I hereby agree to indemnify and hold harmless the Township of Mansfield, its elected Officials, Boards, Commissions, Officers, Employees, and Agents from all suits, actions, damages, or claims to which the Township may be subjected to of any kind or nature whatsoever, resulting from, caused by, arising out of, or as a consequence of the providing of towing, wrecking, storage and/or emergency services provided at the request of the Township pursuant to the Township of Mansfield Towing and Vehicle Storage Ordinance § 313-1.

Dated: _____

_____
Notary Witness

_____
Business Name

_____
Owner Name Printed

_____
Owner Signature

_____
Co-Owner Name Printed

_____
Co-Owner Signature