

ORIGINAL

RENEWAL



TOWN OF FALLSBURG TOW COMPANY & DRIVER APPLICATION



FEE: \$100.00 Per Truck
No Charge For Driver

LICENSE EXPIRES APRIL 30th, _____

Tow Company Name: _____

Owner Full Name: _____

Full Address: _____

Home Phone Number: _____ Cell Phone: _____

Have you previously been issued a Tow Truck permit in the Town of Fallsburg? _____

Are you familiar with the Town of Fallsburg towing ordinance? _____

Will you abide by it? _____

Has your tow truck license in the Town of Fallsburg ever been revoked or suspended? _____

Permit #	Year	Make/Model	Plate #	VIN #

EACH DRIVER MUST SIGN WHERE INDICATED THAT THEY UNDERSTAND AND WILL ABIDE BY THE TOWN OF FALLSBURG TOWING ORDINANCE.

Driver Name—Last, First	NYS Drivers License #	Driver's Signature
		X
		X
		X
		X

I, the undersigned, state that all the information I have given in the foregoing application is true to the best of my knowledge, information and belief.

Owner's Signature: _____

Date: _____

Chief of Police: _____

Date: _____

Town Clerk: _____

Date: _____

FOR OFFICE USE ONLY

Insurance Card

Liability Insurance
Naming Town as
Additional Insured

Payment Total: _____

Inspection

Registration

Cash/Check: _____

NYS Repair Station Cert.