

RENEWAL

**CITY OF ROCHESTER  
CITY CLERK'S OFFICE  
LICENSING UNIT  
ROOM 100A, CITY HALL  
ROCHESTER, NY 14614**

LICENSE NO. \_\_\_\_\_

ISSUED \_\_\_\_\_

**TOWING COMPANY LICENSE APPLICATION**

**\*\*\*YOUR APPLICATION AND LICENSE FEES ARE NON-REFUNDABLE\*\*\***

**NOTE:** If the applicant or the property owner is a partnership, corporation or D.B.A., give name, home address, and date of birth for all principals involved (e.g. partners, shareholders, officers, etc.). Refer to attached addendum.

**APPLICANT:**

\_\_\_\_\_  
Full Name of Applicant (Include Maiden Name if Applicable)

( ) - \_\_\_\_\_  
Home Phone                      Date of Birth

\_\_\_\_\_  
Residence (No P.O. Box)                      City                      State      Zip

**BUSINESS:**

\_\_\_\_\_  
Name of Business                      ( ) - \_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Address                      City                      State      Zip

\_\_\_\_\_  
Full Name of Property Owner                      ( ) - \_\_\_\_\_  
Home Phone                      Date of Birth

\_\_\_\_\_  
Residence (No P.O. Box)                      City                      State      Zip

**DESIGNATED DAY TO DAY OPERATOR IF OTHER THAN APPLICANT:**

\_\_\_\_\_  
Full Name of Operator (Include Maiden Name if Applicable)                      Date of Birth

\_\_\_\_\_  
Home Address (No P.O. Box)                      ( ) - \_\_\_\_\_  
Home Phone

**LOCATION WHERE TOWED VEHICLES ARE TO BE STORED:**

\_\_\_\_\_  
Address (\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Full Name of Property Owner \_\_\_\_\_ Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Residence (No P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**HOURS DURING WHICH THE TOWING COMPANY WILL BE OPEN FOR TOWING:**

24 Hours     7 Days/Week     Other( Include Days and Times):  Sunday \_\_\_\_\_,

Monday \_\_\_\_\_;  Tuesday \_\_\_\_\_,  Wednesday \_\_\_\_\_,

Thursday \_\_\_\_\_;  Friday \_\_\_\_\_,  Saturday \_\_\_\_\_

**HOURS DURING WHICH THE STORAGE LOT WILL BE OPEN TO RECLAIM VEHICLES:**

Same as Above     Other (Include Days and Times):  Sunday \_\_\_\_\_,

Monday \_\_\_\_\_;  Tuesday \_\_\_\_\_,  Wednesday \_\_\_\_\_,

Thursday \_\_\_\_\_;  Friday \_\_\_\_\_,  Saturday \_\_\_\_\_.

**TELEPHONE NUMBER CALLED TO RECLAIM VEHICLES:** \_\_\_\_\_

**SERVICE FEES:**

Daily Storage With Vehicle Owner's Permission \$ \_\_\_\_\_

Daily Storage Without Vehicle Owner's Consent and Towed From Private Property \$ \_\_\_\_\_

**INFORMATION ABOUT TOW TRUCK(S):**

_____ Year	_____ Make	_____ Vehicle Identification No.	_____ License Plate #.
_____ Year	_____ Make	_____ Vehicle Identification No.	_____ License Plate #.
_____ Year	_____ Make	_____ Vehicle Identification No.	_____ License Plate #.

**INSURANCE:**

\_\_\_\_\_  
Carrier Policy Number Code No. \$ \_\_\_\_\_  
Coverage

**IDENTITY OF TOW TRUCK DRIVERS (ATTACH A SECOND SHEET IF NEEDED):**

Name NYS Driver License Number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WARNING:** The Chief of Police may deny a license to any person who makes a material misrepresentation on an application pursuant to the Code of the City of Rochester.

**ACKNOWLEDGMENTS:**

- 1. I acknowledge that I am responsible for knowing and obeying all the applicable laws and rules as contained in Chapter 108A of Code of the City of Rochester and the Police Chief's Rules and Regulations;
- 2. I further acknowledge that all the information submitted in this application is correct; and
- 3. I further acknowledge that pursuant to §108A-4K of the Code of the City of Rochester, I must inform the Chief of Police immediately of any changes in the information which has been supplied on this license application.

**SUBSCRIBED AND SWORN TO BEFORE ME**

THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_. \_\_\_\_\_  
PRINT NAME SIGNED BELOW

\_\_\_\_\_  
NOTARY/COMMISSIONER OF DEEDS DATE OF EXP. SIGNATURE OF APPLICANT

**----- FOR OFFICE USE ONLY -----**

\_\_\_\_ Criminal Records Check \_\_\_\_ MCVB \_\_\_\_ Alarm CZC # \_\_\_\_\_

Site Approved \_\_\_\_\_  
Zoning Date

Record: \_\_\_\_ Approval Denial CR# \_\_\_\_\_

Approved  Denied  Adm. Canceled  Conditionally Approved

\_\_\_\_\_  
Researcher Date Chief of Police Date

**CITY OF ROCHESTER  
CITY CLERK'S OFFICE, LICENSING UNIT  
ROOM 100A, CITY HALL, 30 CHURCH STREET  
ROCHESTER, NY 14614**

**ADDENDUM LISTING INFORMATION REGARDING LOTS APPLICANTS TOW  
FROM PURSUANT TO §108A3E OF THE CODE OF THE CITY OF ROCHESTER**

Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Location: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please provide the following information for each private property from which you tow other than property which is solely residential and contains fewer than five residential units:

**OWNER'S  
NAME**

**LOCATION  
OF LOT**


<b>Office Use Only:</b>

