



WESTFIELD POLICE DEPARTMENT
OFFICIAL TOWING CONTRACTOR APPLICATION

Date

To: Chief of Police
Westfield Police Department
425 E. Broad St.
Westfield, NJ 07090

Chief,

Business Name Partnership Corporation

Business Address

does hereby make application to be one of the Official Towing Contractors for the Town of Westfield, New Jersey.

The premises from which the Towing Services will respond from is located at

The premises are owned by

Additional storage space, if required, is located at

Attach a sketch of all property to be used for storage of vehicles. Sketch should show address and dimensions of the property.

If above premises and storage location are not owned by applicant, the owner must give written consent for use thereof by completing Section II of the application.

SECTION I

Applicant must complete the following:

*****Applicant must complete the entire application and submit all necessary documentation prior to December 1st for the following tow year. If any component of this application is not completed, the application will not be accepted*****

- List the name(s), residence address, business address and telephone number of the owner(s) of the Towing Company. If the owner is a corporation, list the name, EIN #, residence address, business address and telephone number of every stockholder owning more than ten (10) percent of the issued stock.

Stockholder Name		EIN #
Residence		Telephone
Business Address		Business Phone
Have they ever been convicted of a crime?	Yes	No
If yes, when, where, and what charge?		
Stockholder Name		EIN #
Residence		Telephone
Business Address		Business Phone
Have they ever been convicted of a crime?	Yes	No
If yes, when, where, and what charge?		
Stockholder Name		EIN #
Residence		Telephone
Business Address		Business Phone
Have you they been convicted of a crime?	Yes	No
If yes, when, where, and what charge?		

Attach Additional Sheets if Necessary

- List the names and addresses of two (2) business references who have known you for at least two (2) years.

	Name	Address	Telephone Number
1			
2			

3. List the names, address, telephone numbers and driver's license numbers of all tow truck drivers.

Name	Address	Telephone Number	Driver's License Number

Attach copy of appropriate driver's license for each driver listed

4. Has the applicant or any driver been convicted of a criminal offense or have had their driver's license suspended or revoked within the past year?

Yes

No

If yes, list below:

	Name	Address
1		
2		

5. List all tow vehicles to be used (must include three (3) light duty wreckers or flatbeds, one (1) medium duty flatbed or wrecker with wheel lift, and two (2) heavy-duty wreckers with wheel lift (heavy-duty wreckers may be leased):

	Year	Make and Model	Body Type & Towing Type	Registration Number
1				
2				
3				
4				
5				
6				

*Attach copies of registration and insurance identification cards for each vehicle
Attach additional sheets if necessary*

6. Is every tow vehicle or flatbed vehicle equipped with the following?

A. Slim-Jim/lock out tool?	Yes	No
B. J-hooks and chains or tie-downs?	Yes	No
C. One (1) snatch block per winch?	Yes	No
D. Two (2) high-test safety chains?	Yes	No
E. Auxiliary safety light kit?	Yes	No
F. Rotating/LED amber emergency lights mounted on top of truck?	Yes	No
G. Two (2) white work lights facing the rear of the vehicle?	Yes	No
H. Two (2) safety cones with reflective strip?	Yes	No
I. One (1) shovel?	Yes	No
J. One (1) broom?	Yes	No
K. Steering wheel tie-down?	Yes	No
L. Two-way communication system, radio or cellular, with communication between licensee's base and all of the required trucks?	Yes	No
M. Jumper cables or jump box?	Yes	No
N. Toolbox with assorted hand tools?	Yes	No
O. Business name displayed on the vehicle as required by N.J.S.A. 39:4-46?	Yes	No
P. At least one (1) amber rotating beacon or strobe light?	Yes	No
Q. Safety tow lights or magnetic tow lights for towing vehicle at night?	Yes	No

- | | | |
|--|-----|----|
| 7. Will you have a minimum of two (2) persons available at all times to provide the required towing services? | Yes | No |
| 8. Will you furnish the services as required by Section 19A of the Westfield Town Code? (Click here for the Town Code.) | Yes | No |
| 9. Will you provide the required Hold Harmless Agreement and the required Certificates of Insurance as described in Sections 19A-3 & 19A-5 of the Westfield Town Code? (Click here for the Town Code.) | Yes | No |
| 10. Will you abide by the Towing and Storage Fee Schedule as described in Section 19A-7 of the Westfield Town Code? (Click here for the Town Code.) | Yes | No |
| 11. Is your storage facility located within the Town of Westfield? | Yes | No |
| 12. Is your storage facility within 5 miles of any Town of Westfield border? | Yes | No |
| 13. Is your property legally zoned for a vehicle storage yard? | Yes | No |
| 14. Is your storage facility secured by a wall, fence or other man-made barrier that is at least 6 feet high? | Yes | No |
| 15. Is your storage facility well lit? | Yes | No |
| 16. Is your storage facility monitored by cameras at all times? | Yes | No |
| 17. Does your outside secured storage area provide at least 20 spaces at one time dedicated to the vehicles towed from the Town of Westfield? | Yes | No |

SECTION II

If the applicant is not the owner of record of the property from which the towing services will be conducted or the property on which the vehicles will be stored, the record owner shall complete the following:

I, or We, as the owner(s) of the property to be used to provide towing services and storage area for disabled vehicle by:

Name of Business

hereby consent to the use of our property for the purpose of providing towing services and/or storage as required by Section 19A of the Westfield Town Code:

1. _____ 2. _____
Signature Signature

1. _____ 2. _____
Please Print Name Please Print Name

1. _____ 2. _____
Address Address

1. _____ 2. _____
Telephone Number Telephone Number

1. _____ 2. _____
Fax Number Fax Number

Very Truly Yours,

Name of Business

Authorized Agent, Printed

Authorized Agent, Signature

Title

Business Address

Telephone Number

Fax Number

Date

Approved: _____ Date: _____
Chief of Police