

**SAUGERTIES POLICE DEPARTMENT
TOW APPLICATION**

TOWING SERVICE NAME: _____

Business Address: _____

Proprietor: _____

Business Telephone: _____

Other Telephone (specify): _____

Home Telephone: _____

Cellular Telephone: _____

Have you or any of your employees been convicted of any crimes (Misdemeanor or Felony)

Yes No If yes who and what crimes: _____

Location of Arrest and Court of conviction: _____

The experience of the applicant, or, if an unincorporated association or corporation of its officers in the towing of vehicles for hire.

The location of any and all depots and terminals proposed to be used by the applicant.

Possesses Copy of Towing Policy: Yes or No

STORAGE REQUIREMENTS:

Secure: Yes or No

Indoor Capacity: _____

Outdoor Capacity: _____

INSURANCE REQUIREMENTS:

Insurance Company Name: _____

\$3,000,000.00 personal liability Each Occurrence: Yes or No

\$50,000 Property Damage Yes or NO

The licensee's insurance policy must include an endorsement naming the "Town of Saugerties and its agents, officers and employees as additionally insured." An endorsement providing for thirty days advance notice before cancellation or material change of coverage. The notice is to be mailed to the Town of Saugerties Police Department, 4 High Street Saugerties, NY 12477.

TOWING VEHICLE REQUIREMENTS:

Vehicle 1: Registration State: _____ **Registration Number:** _____

Vin Number: _____ **Make/Model/Year** _____

Vehicle 2: Registration State: _____ **Registration Number:** _____

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Vin Number: _____ **Make/Model/Year** _____
Vehicle 3: Registration State: _____ **Registration Number:** _____
Vin Number: _____ **Make/Model/Year** _____
Vehicle 3: Registration State: _____ **Registration Number:** _____
Vin Number: _____ **Make/Model/Year** _____

DRIVER LICENSE REQUIREMENTS:

Driver 1: _____ **DOB** _____ **CID:** _____
Home Address: _____
Driver 2: _____ **DOB** _____ **CID:** _____
Home Address: _____

Driver 3: _____ **DOB** _____ **CID:** _____
Home Address: _____
Driver 4: _____ **DOB** _____
Home Address: _____

Driver License Photocopy Attached for each driver listed: Yes or No

RESPONSE REQUIREMENTS:

Agree to Thirty (30) Minute Response to Scene: Yes or No

Proprietor's Signature: _____ **Inspection Date:** _____

Inspecting Member's Signature: _____