

BOROUGH OF LINCOLN PARK
MORRIS COUNTY, NEW JERSEY
BOROUGH TOWING SERVICE

APPLICATION FORM

Purchasing Agent
Borough of Lincoln Park
34 Chapel Hill Rd.
Lincoln Park, New Jersey 07035

In accordance with your Notice to Wrecker Service and Storage Applicants, we do hereby request to be added to the rotation list of towing contractors servicing the Borough of Lincoln Park:

Applicant: _____

Business Address: _____

Phone #: _____ Submitted by: _____

Date: _____

ITEM #1a. Officers/Address/Title/Telephone:

1. _____
2. _____
3. _____
4. _____
5. _____

ITEM #1b. Stockholders Names/Addresses:

If more space is required, attach separate sheet.

ITEM #2.

List each unit by Make, Type, Model, Serial Number, Registration and name of registered owner:

| | |
|----------------|----------------|
| 1. Make: _____ | 2. Make: _____ |
| Type: _____ | Type: _____ |
| Model: _____ | Model: _____ |
| VIN: _____ | VIN: _____ |
| Reg.: _____ | Reg.: _____ |
| Owner: _____ | Owner: _____ |
| 3. Make: _____ | 4. Make: _____ |
| Type: _____ | Type: _____ |
| Model: _____ | Model: _____ |
| VIN: _____ | VIN: _____ |
| Reg.: _____ | Reg.: _____ |
| Owner: _____ | Owner: _____ |

ITEM #3a. [] check here if all vehicles are garaged at one location and enter #1 below or list address where each truck is individually garaged:

| | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

ITEM #3b. List all employee Drivers Name/Telephone/Address and Drivers License number (NJ Photo DL Required). Attach separate sheet if needed.

| | | |
|-----------|-------------------------------|--------------|
| Driver #1 | Name: _____ | Phone: _____ |
| | Address: _____ | |
| | Drivers License Number: _____ | |
| Driver #2 | Name: _____ | Phone: _____ |
| | Address: _____ | |
| | Drivers License Number: _____ | |
| Driver #3 | Name: _____ | Phone: _____ |
| | Address: _____ | |
| | Drivers License Number: _____ | |

Driver #4 Name: _____ Phone: _____
Address: _____
Drivers License Number: _____

Driver #5 Name: _____ Phone: _____
Address: _____
Drivers License Number: _____

ITEM #4 STORAGE AREA

Location of Lot: _____

Lot Size: _____ Number of Vehicle Spaces: _____

Security Features: _____

ITEM #5: INSURANCE

Insurance Carrier(s): _____

Carrier(s) Address: _____

Business Policy Number: _____

Premises Policy Number: _____

Vehicles Policy Number: _____

ITEM #6. Attach a copy of your current Fee Schedule for Towing and Storage.

ITEM #7. Attach a Certification that towing, Storage Services and Fees will be available in compliance with this Chapter.

ITEM #8. Attach a Notarized Certification granting permission to the Lincoln Park Police Department to conduct inspections of the wreckers, tow trucks and storage facility, for the purpose of determining compliance with this Chapter and such other information as the Borough shall deem appropriate and necessary.

ITEM #9. APPLICATION FEES

AMINISTRATIVE COSTS:

Attach one (1) check for \$100.00 made out to the Borough of Lincoln Park to defray administrative costs. This check goes to the Borough Clerk with your application.

CRIMINAL HISTORY & MOTOR VEHICLE INVESTIGATION:

A separate check for each employee of the applicant, for criminal and motor vehicle investigations. Please check with the Lincoln Park Police Department for proper amount of these checks and to whom it should be made out to.