BOROUGH OF SAYREVILLE
SAYREVILLE, NEW JERSEY

APPLICATION FOR WRECKER OWNER'S LICENSE

(Fee Ordinance #69-08)

New Applicant Fee:	$275.00
Renewal:	$225.00
Vehicle inspection fees:	$25.00 per vehicle
Late Fees:	$20.00 30 Days Late
	$35.00 60 Days Late
	$60.00 90 Days Late

YEAR: _____

1. LEGAL NAME OF APPLICANT: _____

2. TRADE NAME: _____

3. HOME ADDRESS OF APPLICANT: _____

4. BUSINESS ADDRESS:_____

5. EMAIL: _____

6. BUSINESS TELEPHONE # _____

7. APPLICANT'S PRINCIPAL OFFICE IS LOCATED WITHIN THE STATE OF NEW JERSEY (CIRCLE ONE) YES / NO

8. APPLICANT HAS AT LEAST THREE (3) YEARS EXPERIENCE OF PROVIDING PROPERLY INSURED TOWING SERVICES TO THE GENERAL PUBLIC (CIRCLE ONE) YES / NO

9. APPLICANT HAS A BUSINESS LOCATION WITHIN THE BOROUGH OF SAYREVILLE ON WHICH THERE IS SITUATED A GARAGE AND A SECURED VEHICLE STORAGE AREA WHICH IS CONTAINED WITHIN AN ENCLOSED BUILDING AND/OR WITHIN AN OUTSIDE AREA WHICH IS SURROUNDED BY A CHAIN LINK, STOCKADE OR OTHER SUCH TYPE OF RESTRICTIVE FENCING WHICH IS AT LEAST SIX (6') FEET IN HEIGHT (CIRCLE ONE) YES / NO

10. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAWS OF STATE ? (CIRCLE ONE) YES / NO

If yes, give details:

Where arrested: _____
(City) (State)

Nature of arrest: _____

Disposition and date: _____

11. HAVE YOU EVER BEEN DENIED A LICENSE OR PERMIT TO OPERATE A MOTOR VEHICLE OR A TOWING SERVICE ? (CIRCLE ONE) YES / NO

12. NUMBER OF WRECKER LICENSES APPLIED FOR : LIGHT DUTY _____

HEAVY DUTY _____

13. DESCRIPTION OF VEHICLE(S) TO BE LICENSED:

Year: _____

Make: _____

Model: _____

Type: _____

Serial # _____

State Registration # _____

Motor Capacity _____

Make & Type of Crane _____

Length of time vehicle has been used as a wrecker _____

14. DO YOU OWN OR LEASE THE WRECKERS THAT YOU ARE SEEKING TO LICENSE? (Circle one) Own Lease

If leased, list owner's name & address _____

15. ARE YOU IN THE AUTO BODY REPAIR BUSINESS? (circle one) YES NO

16. DO YOU PROVIDE N.J. STATE INSPECTION SERVICES? (Circle one) YES NO

17. INSURANCE REQUIREMENTS:

a. Insurance Company _____

b. Adress _____

_____

c. Policy # _____

d. Expiration date: _____

18. ATTACH TO THIS PAGE, A CERTIFICATE OF INSURANCE SPECIFICALLY NAMING THE BOROUCH OF SAYREVILLE AS AN ADDITIONAL INSURED.

CORPORATIONS ONLY

IF APPLICANT IS A CORPORATION, PLEASE COMPLETE THE FOLLOWING FOR EVERY PERSON OWNING TEN PERCENT (10%) OR MORE OF SAID CORPORATION:
(Use additional sheets, if necessary)

NAME _____

HOME ADDRESS _____

_____

HOME TELEPHONE NO _____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAWS OF STATE?
(Circle one) YES NO

If yes, give details:
Where Arrested: (City) _____ (State) _____

Nature of arrest: _____

Disposition and date: _____

HAVE YOU EVER BEEN DENIED A LICENSE OR PERMIT TO OPERATE A MOTOR VEHICLE OR A TOWING SERVICE? (Circle one) YES NO

If yes, give details: _____

_____

_____

CERTIFICATION AND WARNING

"By signing below, I certify under penalty of law that all statements and information provided in this application are true, accurate, and complete. I understand that knowingly making a false statement on this form is a criminal offense under N.J.S.A. 2C:28-3 and 2C:28-7, which may result in the immediate denial or revocation of this license, heavy fines, and imprisonment."

Applicant Signature: _____ Date: _____

Printed Name: _____