

## Readington Township Police Department Tow Company Application

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

Mailing Address of Business \_\_\_\_\_

Location of Business \_\_\_\_\_

Location of Storage yard \_\_\_\_\_

Owner of Business \_\_\_\_\_

Address of owner \_\_\_\_\_

Contact numbers for owner \_\_\_\_\_

24- hour business contact number(s) \_\_\_\_\_

**List of Drivers:**

Name	Address	Phone	Date of Birth	S. S. Number

List of tow vehicles: (Year, Make, Model, Plate number, type of vehicle)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

All applications must contain Proof of insurance, certified drivers abstract and Criminal history for each driver.