



6808 Park Avenue, Guttenberg, NJ 07093  
P: 201-868-2315 Fax: 201-868-9332  
[www.guttenbergnj.org](http://www.guttenbergnj.org)



**OFFICIAL TOWER'S APPLICATION**

Date:

To the Director of Public Safety  
Town of Guttenberg  
6808 Park Avenue  
Guttenberg, New Jersey 07093

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

\_\_\_\_\_  
Business Address

Hereby makes application for inclusion on the Official Towers list for the Town of Guttenberg. The premises from which the Towing Services will respond is located at:

\_\_\_\_\_  
\_\_\_\_\_

The premises are owned by:

\_\_\_\_\_  
Additional storage space if required is located at:

\_\_\_\_\_

Attached 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 locations are not owned by applicant, the owner must give written, consent for use thereof by completing Section II of the, application, or the applicant must submit a copy of lease.



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1. List the name (s), residence and business

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

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Name: Residence Address	Business	Phone	% Stock
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Attach additional sheets if necessary.

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

1.

2.

3. List the names, addresses and telephone numbers of all tow truck drivers.

NAME	ADDRESS	PHONE#	DRIVER LIC.

Attach copy of appropriate driver's license 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



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If yes, list the name below:

NAME:

ADDRESS:

- 1.
- 2.

List all tow vehicles to be used:

YEAR MAKE:

BODY TYPE:

REGISTRATION:

- 1.
- 2.
- 3.
- 4.
- 5.

Attach copies of registration for each vehicle and insurance identification cards.

Attach additional sheets if necessary.

5. Is every tow vehicle of flatbed vehicle equipped with the following?
  - A. The name of the tower displayed on the vehicle as required by N.J.S.A.39:4-46?
  - B. At least one (1) amber rotating beacon or strobe light?
  - C. One (1) snatch block per winch?
  - D. Safety tow lights or magnetic tow lights for towed vehicles at night?



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- E. Extra chains and cable for pulling or securing a towed vehicle?
- F. At least one (1) heavy-duty broom, a shovel, a crowbar or prybar jumper cables, flashlight, one (1) two pound or large fire extinguisher of dry chemical type, one (1) dozen flares or similar warning devices for placement at the scene of an accident or behind disabled vehicle, ten (10) pounds of dry sand or a drying compound for gasoline and oil spilled onto the roadway, and sufficient quantity and types of tools to enable the tow vehicle operator to perform proper and adequate emergency repair services for the Town?
- Yes                      No
- G. Do all tow vehicles or flatbed vehicles comply with any and all state, federal and local laws, regulations and ordinances pertaining to safety, lighting and towing equipment requirement?
- Yes                      No
6. Will you have a minimum of four (4) persons available at all times to provide the required towing services as required by Ordinance#17-13.
- Yes                      No
7. Will you furnish the services as required by Ordinance#17-13 (copy attached)
- Yes                      No
8. Will you provide the required Hold Harmless Agreement? And the required Certificates of Insurance as described in the Ordinance#17-13.
- Yes                      No
9. Will you abide by the Towing and Storage Fee Schedule as set forth in Ordinance#17-13.
- Yes                      No
10. Will you post a schedule of fees for the attached storage area clearly visible to all public?
- Yes                      No
11. Do the storage facilities, an inside building or outside secured storage area meet all requirements as set forth in Ordinance#17-13.

Yes                      No

12. Will you maintain adequate and complete records showing all vehicles towed, stored and released, all services rendered and all fees charged and collected, and will those records be made available for inspection by the Town as set forth in Ordinance#17-13.

Yes                      No

I am attaching a non-refundable certified check in the amount of \$100.00 to cover the administrative expenses incurred by the Town in processing the application to be on the Official Towers List.

I acknowledge that if approved, I will be responsible for a two-year tower's license fee of \$2,000 before said license can be issued.

Very truly yours,

(Name of Business)

By:

(Authorized Agent, Printed)

\_\_\_\_\_  
(Authorized Agent, Signature)

\_\_\_\_\_  
(Title)

(Business Address)

(Telephone Number)

Approved: \_\_\_\_\_ Date:  
                    Capt. of Police



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Section II

If the applicant is not the record owner 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) (We) as owner (s) of the property to be used to provide towing services and storage area for disable vehicles by: \_\_\_\_\_

(Names of Business)

Hereby consent to the use of our property for the purpose of providing towing services and/or storage as required by Ordinance No.17-13

1.	Signature	2.	Print Name
1.	Signature	2.	Print Name
1.	_____	2.	_____
	Signature		Print Name
	Address		Address