



Tow Company Application

Type of Application

New

Business Ownership Information

<input type="checkbox"/> Sole Ownership	Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
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Business Location Information

Business Name:
Address:
City and State:

Property Owner or Manager Information

<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner's/Manager's Name:		
Address:		
Phone Number:		

Tow Company Applicant Identifying Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Business Information

Number of Employees:
Maximum number of vehicles stored:
Storage location address:
Additional storage location address:
Additional storage location address:
Hours of operation:

Applicant's Residence History – Past Five Years	
Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Applicant's Employment History – Past Five Years	
Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner Identifying Information <input type="checkbox"/> NA		
Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Business Partner Contact Information	
Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Business Partner's Residence History – Past Five Years	
Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Corporation Information NA

Name of Corporation:
Date of Incorporation:
Name of the Registered Corporate Agent:
Address of the Registered Office for service of process:

Names and Capacity of all Officers and Directors

Name:	Capacity:

Employee Information (Use additional pages if necessary)

Tow Truck Drivers have a separate application & must be fingerprinted

Name	Address	Phone	Position

Schedule of Rates
This may be an attachment

Description	Rate

Signature & Verification

- I affirm that the information provided in this application, including in all attachments, is true and correct.
- I understand that a material omission or misstatement of fact in this license application is grounds for denial, suspension, or revocation of a Tow Company business permit.
- I certify that all information contained in this application is complete and accurate.

Signature: _____ Date: _____

Fingerprinting Information

For Tow Company applicants, you must be fingerprinted. Read the “Request for Livescan Instruction Sheet” and choose the location you want to get fingerprinted. Once you have been fingerprinted, contact the Traffic Division at 408-866-2710 so they may monitor the results.

Once you have completed your fingerprint appointment, attach a copy of appointment form and the receipt to this application. Then contact the Traffic Division for an appointment to submit your application at 408-866-2710.

**Tow Company Applications to the Police Department Are Accepted By
Appointment Only
408-866-2710**

FOR CAMPBELL PD INTERNAL USE ONLY

Site Visit Completed	Fingerprints Received	Application Approved	Application Denied	Permit Issued
_____	_____	_____	_____	_____
Date	Date	Date	Date	Date
_____	_____	_____	_____	_____
Name	Name	Name	Name	Name