

Municipal Building
59 South White Horse Pike
Berlin, New Jersey 08009



**BOROUGH OF BERLIN
APPLICATION FOR TOWING OPERATOR**

1. NAME: _____

ADDRESS: _____

A.) If corporation, list names and addresses of officers/directors

B.) If partnership, list names and addresses of all partners

2. List year, make, model, serial number and registration number of each tow vehicle

3. Base of service for each tow vehicle

4. Name tow and/or storage destination

5. Attach a diagram as to the exact location of the tow or storage destination showing the secured area

6. Name the place, phone number and location where applicant will maintain an office

7. Provide a brief statement certifying that the applicant has sufficient personnel and equipment to provide 24 hour towing service and will comply with all terms of the borough towing ordinance

8. Certification that fees charged will not exceed those set forth in Borough towing ordinance

9. Name and address of insurance company, and policy number. Provide limits of coverage as required by towing ordinance along with certification naming Borough of Berlin as an additional insured under liability provisions of said policy

10. Certification that the applicant will execute an indemnification and hold harmless agreement with the Borough of Berlin

11. Provide a listing of applicant's prior towing experience, number of years in business and other municipalities served

I certify that the information provided on this application is true and correct. Should any information provided be false, I understand my application shall be automatically rejected.

Applicant

RELEASE OF INFORMATION

I hereby consent to the release and disclosure of information and documents to the Borough of Berlin Chief of Police related to my application to perform private towing services.

Applicant

Date

PLEASE REFER TO THE TOWING ORDINANCE FOR ALL REQUIREMENTS