

Township of Barnegat

COUNTY OF OCEAN

900 WEST BAY AVENUE
BARNEGAT, NEW JERSEY 08005-1298



MUNICIPAL OFFICES: (609) 698-0080
FAX #: (609) 698-4088
(609) 698-8616

APPLICATION TOWER'S LICENSE

Date of Application

1. OWNER INFORMATION:

*OWNER'S NAME: _____

RESIDENCE ADDRESS: _____

BUSINESS ADDRESS: _____

TELEPHONE: _____

*If owner is a corporation, applicant must list name, residence and business address, and telephone number of every stockholder owning more than ten percent (10%) if the issued stock.

2. Full name and address of all employees, Driver's License number, and copy of each individual NJDMV driver abstract.

3. Certificate of Insurance as required by Ordinance No. 1999-6
4. Each towing applicant and each driver must execute and sign a New Jersey State Police request for criminal history check for a non-criminal justice purpose.
5. Each applicant and each employee of the applicant must submit a \$18.00 money order payable to "NJ State Police SBI" for each criminal history check.
6. Names and addresses of at least two (2) business references who have known the applicant for at least two (2) years.

7. No vehicle with Dealer Plates" will be eligible for approval of Tower's License.
8. Location of Storage Area: If leased, a copy of lease to be included.
9. Hold Harmless Agreement (attached) must have signature.

APPROVAL:

CHIEF OF POLICE

DATE

HOLD HARMLESS AGREEMENT

BETWEEN the Township of Barnegat and

TOWER/WRECKER COMPANY NAME

STREET ADDRESS

CITY/STATE/ZIP

TELEPHONE

the undersigned agrees to indemnify and hold the Township of Barnegat and its officers, agents and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the operation of towing vehicles.

I understand that this Hold Harmless agreement also requires that the Township of Barnegat is indemnified from any losses or damages resulting from the acts or omissions of the licensed towing operator.

Unless waived in writing by the Township of Barnegat, I agree to furnish a Certificate of Insurance specifically naming the Township of Barnegat as Certificate holder and as additional insured, providing general liability, bodily injury and property damage coverage with minimum limits of liability as required in Ordinance 1999-6

signed this ____ day of _____, _____.

as the binding act in deed of

NAME OF TOWING BUSINESS

AUTHORIZED SIGNATURE

WITNESS