

CITY OF EAST ORANGE
DEPARTMENT OF LICENSING
TOW TRUCK LICENSE APPLICATION

License Number _____ Fee _____ Date _____

Name of Applicant _____

Home Address _____

City _____ State _____ Zip _____

Business Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Business Phone Number _____

Trade Name of Business _____

Date of Birth _____ Social Security Number _____

Place of Birth _____ U.S. Citizen _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Have you ever been arrested? Yes _____ No _____

List Date and Disposition _____

Vehicle Year & Make _____ VIN # _____

Model _____ Color _____ Plate Number _____

N.J. Drivers License Number _____

Exp. Date _____

Name of Insurance
Company _____

Policy Number _____

Expiration Date _____

NUMBER OF MILES FROM EAST ORANGE TO LOCATION WHERE
VEHICLES ARE TOWED _____

I certify that the above statements made by me in this application are true, complete

and correct to the best of my knowledge and belief.

Signature of Applicant _____

Date _____

FOR RECORD BUREAU USE ONLY

Record on File? Yes _____ No _____

Det. Signature _____

**APPLICATIONS RECEIVED AFTER CLOSING DATE WILL BE ASSESSED
A TWENTY-FIVE DOLLAR LATE FEE PER VEHICLE.**

