



# Application for Tow Truck Service License

for year ending in \_\_\_\_\_, \_\_\_\_\_

Date of Application \_\_\_\_\_

TO: CITY OF MONTGOMERY  
101 OLD PLANTERSVILLE RD.  
MONTGOMERY, TX 77316  
TEL. 936.597.6434 FAX 936.597.6437

I, \_\_\_\_\_, do hereby make application for a license to operate a tow truck service in the City of Montgomery and to be added to the City of Montgomery Tow Truck Rotation List.

**NOTICE: All spaces provided on this application MUST be filled out to the best of the applicant's knowledge. If a question does not apply, please state so by writing in N/A. The City of Montgomery reserves the right to deny an application for falsifying information or failing to provide information.**

### Business & Owner Information

True Name \_\_\_\_\_  
Trade Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Business \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Owner  Individual  Partnership  Corporation

#### If Owner is an Individual, Please Provide the Following:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### If Owner is a Partnership, Please Provide the Following:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Fax \_\_\_\_\_ Business E-mail \_\_\_\_\_

**If Owner is Corporation, please provide names and addresses of partners or officers and stockholders holding more than 10% interest.**

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Number of Vehicles to be Operated Under This License**

**Vehicle No. 1**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Serial No. \_\_\_\_\_ License No. \_\_\_\_\_

**Vehicle No. 2**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Serial No. \_\_\_\_\_ License No. \_\_\_\_\_

**Vehicle No. 3**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Serial No. \_\_\_\_\_ License No. \_\_\_\_\_

**Vehicle No. 4**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Serial No. \_\_\_\_\_ License No. \_\_\_\_\_

**Vehicle No. 5**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Serial No. \_\_\_\_\_ License No. \_\_\_\_\_

**Storage Lot Information**

Location of Storage Lot \_\_\_\_\_  
Name of Owner of Lot \_\_\_\_\_  
24-Hour Number for Retrieval of Vehicles From Lot \_\_\_\_\_

**IMPORTANT - Please Read & Attach Appropriate Documents**

**THIS APPLICATION MUST BE ACCOMPANIED BY AN AUTO WRECKER LICENSE FEE OF ONE HUNDRED DOLLARS (\$100.00) FOR EACH VEHICLE AND A POLICY OR CERTIFICATE OF INSURANCE OF PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE ISSUED BY A CASUALTY INSURANCE COMPANY AUTHORIZED TO DO BUSINESS IN THE STATE OF TEXAS AND THE STANDARD FORM APPROVED BY THE BOARD OF INSURANCE COMMISSIONERS OF THE STATE OF TEXAS WITH THE COVERAGE PROVISION INSURING THE PUBLIC FROM LOSS OR DAMAGE THAT MAY ARISE TO ANY PERSON OR PROPERTY BY REASON OF THE OPERATION OF A WRECKER OF SUCH COMPANY AND PROVIDING THAT THE AMOUNT OF RECOVERY OF EACH WRECKER SHALL BE IN LIMITS OF NOT LESS THAN THE FOLLOWING SUMS:**

FOR DAMAGES ARISING OUT OF BODILY INJURY TO OR DEATH OF ONE PERSON IN ANY ONE ACCIDENT: **\$300,000.00**

FOR INJURY TO OR DESTRUCTION OF PROPERTY IN ANY ONE ACCIDENT: **\$100,000.00**

**Please Attach the Following**

- PROOF OF OWNERSHIP OF ALL TOW TRUCKS/WRECKERS**
- CERTIFICATE OF REGISTRATION OF EACH TOW TRUCK/WRECKER FROM STATE OF TEXAS**
- STATE LICENSE TO OPERATE A VEHICLE STORAGE FACILITY**

**I will obey the provisions of Chapter 86, Article VII of the City of Montgomery Code of Ordinances and all other ordinances and statutes applicable to "Auto Wreckers" and agree that upon failure to obey such laws that this license may be revoked and/or suspended. Any false or misleading information on this application may result in denial or suspension of said license. All the information supplied in this application is true and correct.**

Do you agree to participate in the tow truck rotation list?     Yes     No

\_\_\_\_\_  
Signature of Owner, Partner or Officer

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application received by _____	Date _____
Application approved by _____	Date _____
License Issued by _____	Date _____
License Expires _____	License No. _____
Refused _____	Reason for Refusal _____
City Administrator Approval _____	Date _____
City Administrator Refusal _____	Reason for Refusal _____