

PERMIT NUMBER _____

**APPLICATION FOR TOW TRUCK SERVICE PERMIT
(CODE OF ORDINANCE – CHAPTER 24)**

The annual fee for a permit shall be:

\$15.00 per driver, \$25.00 per vehicle inspection, \$15 validation of State registration, \$20 processing, \$10 application copy (if requested), and \$15.00 decal per vehicle. A \$15.00 decal per substitute vehicle, and a \$40.00 add/replace a vehicle (if applicable)

NAMES OF PERMIT HOLDER: _____

TRADE NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE NUMBER / E-MAIL ADDRESS: _____ / _____

NUMBER OF TOW TRUCKS PROPOSED TO BE OPERATED:

CLASS I: _____ CLASS II: _____

NAME OF PUBLIC LIABILITY/PROPERTY DAMAGE INSURANCE CARRIER:

NOTE: Do not accept this application unless completed and with all required documents attached.

RECOMMENDATION: (APPROVED) (REJECTED) DATE: _____

COMMENTS:

APPROVED BY: _____
CITY SECRETARY

I. LIST ALL OWNERS, AND/OR CORPORATE OFFICERS:

A. NAME: _____ % OF OWNERSHIP: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

COMMENTS: _____

(Continued on next page)

B. NAME: _____ % OF OWNERSHIP: _____
ADDRESS: _____
HOME PHONE: _____ BUSINESS PHONE: _____
COMMENTS: _____

C. NAME: _____ % OF OWNERSHIP: _____
ADDRESS: _____
HOME PHONE: _____ BUSINESS PHONE: _____
COMMENTS: _____

II. IS THE BUSINESS PROPERTY OWNED BY THE APPLICANT?

CIRCLE ONE: (YES) (NO)

IF NO, LIST NAME AND ADDRESS OF ACTUAL OWNER:

Name: _____

Address: _____

III. LIST YOUR CITY OF LUBBOCK TOW TRUCK BUSINESS PERMIT No.: _____

IV. DO YOU OWN A TEXAS VEHICLE STORAGE FACILITY: _____ (Sec. 1)

A. If "YES" – give the Vehicle Storage Facility License No.: _____

B. If "No" – do you have access to a Vehicle Storage Facility: _____

If "Yes" – list the name of the licensed facility _____
and License No. _____.

V. LIST THE APPROXIMATE CAPACITY OF YOUR STORAGE FACILITY WHEN VEHICLES ARE STORED A MINIMUM OF TWO (2) FEET APART ON BOTH SIDES AND/OR FRONT AND BACK: _____

V. LIST THE NUMBER OF CLASS I TOW TRUCKS YOU HAVE MAINTAINED AND ARE READY FOR USE: _____

VI. LIST THE NUMBER OF CLASS II TOW TRUCKS YOU HAVE MAINTAINED AND ARE READY FOR USE: _____

VII. LIST INFORMATION ON ALL CLASS I OR CLASS II WRECKERS OWNED BY THE BUSINESS. INCLUDE ALL WRECKERS LICENSED BY THE CITY AND/OR STATE WHETHER CURRENTLY OPERABLE OR NOT.

A. YEAR MODEL: _____ MAKE: _____ MODEL NAME: _____

LICENSE NUMBER: _____ MONTH/YEAR EXPIRES: _____

VIN NUMBER: _____ GROSS WEIGHT: _____

TDLR LICENSE
NUMBER: _____ EXPIRES: _____

IF NAME ON TITLE OF THIS VEHICLE IS DIFFERENT FROM THE BUSINESS OF THE OWNER(S), PROVIDE NAME, ADDRESS & TELEPHONE NUMBER OF TITLE OWNER:

B. YEAR MODEL: _____ MAKE: _____ MODEL NAME: _____

LICENSE NUMBER: _____ MONTH/YEAR EXPIRES: _____

VIN NUMBER: _____ GROSS WEIGHT: _____

TDLR LICENSE
NUMBER: _____ EXPIRES: _____

IF NAME ON TITLE OF THIS VEHICLE IS DIFFERENT FROM THE BUSINESS OF THE OWNER(S), PROVIDE NAME, ADDRESS & TELEPHONE NUMBER OF TITLE OWNER:

C. YEAR MODEL: _____ MAKE: _____ MODEL NAME: _____

LICENSE NUMBER: _____ MONTH/YEAR EXPIRES: _____

VIN NUMBER: _____ GROSS WEIGHT: _____

TDLR LICENSE
NUMBER: _____ EXPIRES: _____

IF NAME ON TITLE OF THIS VEHICLE IS DIFFERENT FROM THE BUSINESS OF THE OWNER(S), PROVIDE NAME, ADDRESS & TELEPHONE NUMBER OF TITLE OWNER:

D. YEAR MODEL: _____ MAKE: _____ MODEL NAME: _____

LICENSE NUMBER: _____ MONTH/YEAR EXPIRES: _____

VIN NUMBER: _____ GROSS WEIGHT: _____

TDLR LICENSE
NUMBER: _____ EXPIRES: _____

IF NAME ON TITLE OF THIS VEHICLE IS DIFFERENT FROM THE BUSINESS OF THE
OWNER(S), PROVIDE NAME, ADDRESS & TELEPHONE NUMBER OF TITLE OWNER:

E. YEAR MODEL: _____ MAKE: _____ MODEL NAME: _____

LICENSE NUMBER: _____ MONTH/YEAR EXPIRES: _____

VIN NUMBER: _____ GROSS WEIGHT: _____

TDLR LICENSE
NUMBER: _____ EXPIRES: _____

IF NAME ON TITLE OF THIS VEHICLE IS DIFFERENT FROM THE BUSINESS OF THE
OWNER(S), PROVIDE NAME, ADDRESS & TELEPHONE NUMBER OF TITLE OWNER:

F. YEAR MODEL: _____ MAKE: _____ MODEL NAME: _____

LICENSE NUMBER: _____ MONTH/YEAR EXPIRES: _____

VIN NUMBER: _____ GROSS WEIGHT: _____

TDLR LICENSE
NUMBER: _____ EXPIRES: _____

IF NAME ON TITLE OF THIS VEHICLE IS DIFFERENT FROM THE BUSINESS OF THE
OWNER(S), PROVIDE NAME, ADDRESS & TELEPHONE NUMBER OF TITLE OWNER:

G. YEAR MODEL: _____ MAKE: _____ MODEL NAME: _____

LICENSE NUMBER: _____ MONTH/YEAR EXPIRES: _____

VIN NUMBER: _____ GROSS WEIGHT: _____

TDLR LICENSE
NUMBER: _____ EXPIRES: _____

IF NAME ON TITLE OF THIS VEHICLE IS DIFFERENT FROM THE BUSINESS OF THE
OWNER(S), PROVIDE NAME, ADDRESS & TELEPHONE NUMBER OF TITLE OWNER:

H. YEAR MODEL: _____ MAKE: _____ MODEL NAME: _____

LICENSE NUMBER: _____ MONTH/YEAR EXPIRES: _____

VIN NUMBER: _____ GROSS WEIGHT: _____

TDLR LICENSE
NUMBER: _____ EXPIRES: _____

IF NAME ON TITLE OF THIS VEHICLE IS DIFFERENT FROM THE BUSINESS OF THE
OWNER(S), PROVIDE NAME, ADDRESS & TELEPHONE NUMBER OF TITLE OWNER:

IX. LIST ALL EMPLOYEES, FULL OR PART TIME AND GIVE REQUESTED INFORMATION:

A. NAME: _____ POSITION: _____

DRIVER'S LICENSE NUMBER: _____

CLASS: _____ EXPIRES: _____

CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____

COMMENTS: _____

B. NAME: _____ POSITION: _____

DRIVER'S LICENSE NUMBER: _____

CLASS: _____ EXPIRES: _____

CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____

COMMENTS: _____

C. NAME: _____ POSITION: _____

DRIVER'S LICENSE NUMBER: _____

CLASS: _____ EXPIRES: _____

CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____

COMMENTS: _____

D. NAME: _____ POSITION: _____

DRIVER'S LICENSE NUMBER: _____

CLASS: _____ EXPIRES: _____

CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____

COMMENTS: _____

E. NAME: _____ POSITION: _____

DRIVER'S LICENSE NUMBER: _____

CLASS: _____ EXPIRES: _____

CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____

COMMENTS: _____

F. NAME: _____ POSITION: _____

DRIVER'S LICENSE NUMBER: _____

CLASS: _____ EXPIRES: _____

CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____

COMMENTS: _____

G. NAME: _____ POSITION: _____

DRIVER'S LICENSE NUMBER: _____

CLASS: _____ EXPIRES: _____

CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____

COMMENTS: _____

H. NAME: _____ POSITION: _____

DRIVER'S LICENSE NUMBER: _____

CLASS: _____ EXPIRES: _____

CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____

COMMENTS: _____

I. NAME: _____ POSITION: _____

DRIVER'S LICENSE NUMBER: _____

CLASS: _____ EXPIRES: _____

CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____

COMMENTS: _____

J. NAME: _____ POSITION: _____

DRIVER'S LICENSE NUMBER: _____

CLASS: _____ EXPIRES: _____

CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____

COMMENTS: _____
K. NAME: _____ POSITION: _____
DRIVER'S LICENSE NUMBER: _____
CLASS: _____ EXPIRES: _____
CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____
COMMENTS: _____

L. NAME: _____ POSITION: _____
DRIVER'S LICENSE NUMBER: _____
CLASS: _____ EXPIRES: _____
CIRCLE ONE: (FULL TIME) (PART TIME) DATE HIRED: _____
COMMENTS: _____

HAVE CURRENT COPIES OF THE FOLLOWING DOCUMENTS BEEN ATTACHED TO THIS APPLICATION? (NOTE: APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL DOCUMENTS)

- _____ 1. THE TEXAS VEHICLE STORAGE FACILITY LICENSE
- _____ 2. THE TDLR LICENSE FOR EACH TOW TRUCK OPERATED BY THE BUSINESS
- _____ 3. PAPERS OF INCORPORATION OR, IF UNINCORPORATED, THE ASSUMED NAME CERTIFICATE ON FILE WITH THE COUNTY CLERK
- _____ 4. ATTACH PHOTOS OF YOUR VEHICLES DISPLAYING THE TEXAS PERMIT FOR EACH VEHICLE. [Sec. 24.09.042] (properly identify each vehicle photo stating permit location – ex. VIN No. _____, front right bumper and back left bumper)

I, _____, PERMIT HOLDER/OWNER OF _____
_____ HEREBY AFFIRM THAT THE INFORMATION
CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE AND THAT I HAVE READ AND UNDERSTAND ALL REQUIREMENTS IN THIS
APPLICATION.

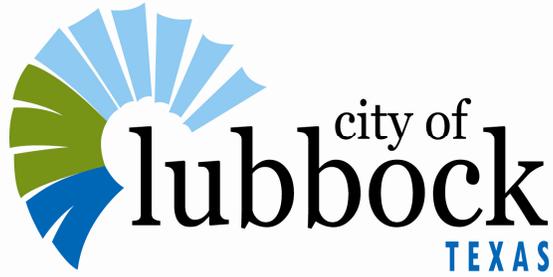
APPLICANT

STATE OF TEXAS
COUNTY OF _____

SWORN TO and Subscribed before me by _____ on the _____ day
of _____, 20 _____. (name of applicant)

(seal)

Notary Public Signature



I, _____, authorize the Office of the
City Secretary to charge my _____ card for
\$ _____, via the card information listed below:

CREDIT CARD NUMBER	
CREDIT CARD TYPE (Visa or Master Card)	
AUTHORIZATION CODE (3-digit number on back of card)	
EXPIRATION DATE (MM/YY)	
CARDHOLDER ADDRESS (Street, City, State and Zip)	
CARDHOLDER SIGNATURE	

City of Lubbock
Office of the City Secretary
PO Box 2000
Lubbock, TX 79457

(806) 775-2029