

DO NOT WRITE IN THIS SPACE

LICENSE NO. _____

IDENTIFICATION NO. _____

APPLICATION FOR LICENSE TO OPERATE TOW TRUCK(S)

Office use only: Issued: _____
NEW EXP. DATE: _____
AMOUNT PAID: _____

APPLICATION IS HEREBY MADE TO THE DIRECTOR OF LICENSES, DEPARTMENT OF REVENUE, ST. LOUIS COUNTY, 41 SOUTH CENTRAL AVENUE, CLAYTON, MISSOURI, 63105, FOR A LICENSE TO OPERATE A TOW TRUCK(S) AS DEFINED IN CHAPTER 813, ST. LOUIS COUNTY REVISED ORDINANCES. PLEASE READ AND FOLLOW INSTRUCTIONS ON PAGE 3 BEFORE COMPLETING THIS FORM. PLEASE PRINT OR TYPE ONLY.

1. _____
Correct Legal Name of Owner, Partnership or Corporation

2. _____
Name of Business

3. _____ Phone # _____
Street Address City State Zip

4. _____
Mailing Address (If Different than above)

5. Type of ownership (check one): Corporation ()
Sole Owner ()
Partnership ()
Other (specify) () _____

6. **CORPORATIONS** (PLEASE PRINT OR TYPE ONLY)

A) _____
State of Incorporation Date of Incorporation

_____ City State Zip
Address of Principal Office

B) Corporate Officers (**PLEASE PRINT OR TYPE ONLY**)

First Middle Initial Last Title Street Address City State Zip

Date of Birth Sex Race State Operator's License Number

First Middle Initial Last Title Street Address City State Zip

Date of Birth Sex Race State Operator's License Number

First Middle Initial Last Title Street Address City State Zip

Date of Birth Sex Race State Operator's License Number

First Middle Initial Last Title Street Address City State Zip

Date of Birth Sex Race State Operator's License Number

7. **SOLE OWNER** - (PLEASE PRINT OR TYPE ONLY)

First Middle Initial Last Street Address City State Zip

Date of Birth Sex Race State Operator's License Number

8. **PARTNERSHIP** - List all Partners (PLEASE PRINT OR TYPE ONLY)

First	Middle Initial	Last	Street Address	City	State	Zip
Date of Birth	Sex	Race	State Operator's License Number			
First	Middle Initial	Last	Street Address	City	State	Zip
Date of Birth	Sex	Race	State Operator's License Number			
First	Middle Initial	Last	Street Address	City	State	Zip
Date of Birth	Sex	Race	State Operator's License Number			

9. List all drivers, including self, part-time, who will be involved in operating the tow truck(s) under the license, **AND submit a copy of each drivers CURRENT Chauffeur's or Commercial Driver's License** (Illinois drivers are exempt). (PLEASE PRINT OR TYPE ONLY, use the back of this page if more room is needed).

First	Middle Initial	Last	Street Address	City	State	Zip
Date of Birth	Sex	Race	Social Security Number			
First	Middle Initial	Last	Street Address	City	State	Zip
Date of Birth	Sex	Race	Social Security Number			
First	Middle Initial	Last	Street Address	City	State	Zip
Date of Birth	Sex	Race	Social Security Number			
First	Middle Initial	Last	Street Address	City	State	Zip
Date of Birth	Sex	Race	Social Security Number			
First	Middle Initial	Last	Street Address	City	State	Zip
Date of Birth	Sex	Race	Social Security Number			
First	Middle Initial	Last	Street Address	City	State	Zip
Date of Birth	Sex	Race	Social Security Number			

10. **ANSWER CAREFULLY** Have any of the persons listed on this application ever been convicted of any violation of any Statute, Law or Ordinance involving theft, possession of stolen property, interstate transportation of stolen vehicles, or any crime against persons including but not limited to all forms of assaults, or moral turpitude, or the St. Louis County Tow Truck Code, or previously had a Tow Truck License suspended or revoked?

Yes _____ No _____

If Yes, describe fully _____

(If additional space is needed, use the back of this page)

11. List below a description of each Tow Truck including Serial Number

Description (Year, Make & Model) Serial Number

The undersigned Applicant(s) state(s) that the information contained in this application or incorporated hereby reference is true, correct and complete to the best of his/her/their knowledge.

Signature of Owner, Partner or Officer

Signature of Owner, Partner or Officer

Subscribed and sworn to before me this _____ day of _____

Notary Public

My Commission Expires: _____

TOW TRUCK LICENSE INSTRUCTIONS

THE FOLLOWING MUST BE SUBMITTED TO COMPLETE YOUR APPLICATION:

1. Renewal fee of \$35.00 for each tow truck, no part of which is refundable. Checks are to be made payable to St. Louis County Director of Revenue.
2. A set of Price Forms displaying the maximum schedule of prices to be charged for the towing and storage of vehicles (forms must be at least in duplicate) and containing the printed information as outlined in Section 813.070, SLCRO. (See sample on past page of application.) Price Forms are not necessary if you are "Not For Hire".
3. Also required to be submitted, under Section 813.075 are copies of any contract, whether it is with a service station, apartment complex, auto dealer, police department, private business, etc. along with your schedule of price form if you also do public towing. This written contract must be with you at all times you are towing under that specific contract. If you previously had a verbal contract, it must now be in writing between you and the company you contract with. Wording included in the contract must set forth the following:
 1. Beginning and ending dates of the contract?
 2. How much is being charged for the tow?
 3. Location where the vehicle is being towed?
 4. Name, address and phone number of the contractor?

*****NOTE: YOU MUST CHECK ONE OF THE FOLLOWING*****

Attached is a list of my contracts _____

I do not do contract towing _____

4. **NEW APPLICANTS ONLY OR IF AN ADDITIONAL TRUCK HAS BEEN PURCHASED.** Pictures of both sides of the Tow Truck(s) showing the name & address of the towing company, the lettering as required by the ordinance and the ID#(s). If you are "Not For Hire", this should also be lettered on both sides of the truck(s). The lettering must be readable on the pictures.
5. Certificate of insurance listing St. Louis County License Division as the Certificate Holder, issued by a company authorized to do business in the State of Missouri, or a bond of indemnity, showing limits of \$25,000 liability for bodily injury per person, \$50,000 for each accident and \$10,000 liability for property damage per accident (Section 813.080).
6. **NEW APPLICANTS ONLY.** If a Corporation, a copy of the State Certificate of Incorporation and Articles of Incorporation.

This application will be referred to the Superintendent of Police, who shall investigate the character and fitness of the proposed licensee and his/her employees, and to determine if said operation has been conducted in accordance with all applicable Laws and Ordinances.

PLEASE ANSWER EACH QUESTION. IF A QUESTION DOES NOT APPLY, PUT "N/A". INCOMPLETE APPLICATIONS MAY BE RETURNED AT OUR DISCRETION.

Any questions call: (314) 615-4217 and ask for Nichelle or Terry Talley

This is a suggested sample for compliance with Sections 813.065 and 813.070, St. Louis County Revised Ordinances:

BUSINESS NAME
Business Address
City, State, Zip Code
Phone Number

TOW VEHICLE LICENSED BY ST. LOUIS COUNTY, MISSOURI

ST. LOUIS COUNTY LICENSE # _____

ST. LOUIS COUNTY ID. # _____ STATE LICENSE

DATE _____

TIME _____

CUSTOMER

NAME _____

CUSTOMER

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CUSTOMER VEHICLE STATE LICENSE

CUSTOMER VEHICLE

ID.# _____

SCHEDULE OF SERVICES	SCHEDULE OF PRICES	ACTUAL CHARGES
TOWING	_____	_____
MILEAGE	_____	_____
WINCHING USE	_____	_____
DOLLYING USE	_____	_____

ADDITIONAL LABOR CHARGE

STORAGE _____

OTHER _____

IT IS UNLAWFUL TO CHARGE A SUM IN EXCESS OF THIS SCHEDULE

PAID BY:	PURCHASE ORDER	CASH	CHECK	CHARGE
----------	----------------	------	-------	--------

"I HAVE EXAMINED THE SCHEDULE OF PRICES AND HEREBY AUTHORIZE THE TOWING OF MY VEHICLE."

CUSTOMER OR AUTHORIZED AGENT

CUSTOMER'S PHONE

#

THIS FORM IS IN COMPLIANCE WITH ST. LOUIS COUNTY ORDINANCE