



**TOWN OF ISLIP**  
655 Main St., Islip, NY 11751

**OLGA H. MURRAY**  
Town Clerk & Registrar

**Tow Truck Business Application**  
**Fee: \$200**

**Business Information**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Tax Map #: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Holding Area Address: \_\_\_\_\_

Holding Area Tax Map #: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

1. Do you own property on which you will conduct your towing business?  YES  NO

2. Type of Business:  Sole proprietorship  Partnership  Corporation

3. If partnership, please list partners (Include all information):

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY #

**Tow Truck Information**

YEAR	MAKE AND MODEL	VEHICLE IDENTIFICATION #	LICENSE PLATE #

**Insurance Information**

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Coverage: \$ \_\_\_\_\_ Property Damage Coverage \$ \_\_\_\_\_

Have you or any partner/member/officer/director been convicted of a crime within the last 5 years?  YES  NO

If Yes, give details:

PLACE OF CHARGE	DATE OF CHARGE/ARREST	DATE OF CONVICTION	SENTENCE IMPOSED

**Roster Information (please check all that apply)**

East Accident       South Accident       North Accident       4<sup>th</sup> Precinct       Heavy Duty

\*Check here if you also want to be on the Non-Accident Roster

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I HEREBY SWEAR THAT THE ANSWERS CONTAINED HEREIN AND THE INFORMATION SUPPLIED WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN SUPPLIED WITH THIS APPLICATION ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.**

**\*FALSE STATEMENTS MADE HEREIN SHALL BE GROUNDS FOR DENIAL OF LICENSE\***

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
SWORN BEFORE ME THIS

\_\_\_\_\_  
DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**\*\*FOR OFFICE USE ONLY\*\***

Fingerprints paid: \_\_\_\_\_

License Issued: \_\_\_\_\_

License #: \_\_\_\_\_

Check # \_\_\_\_\_

Receipt# \_\_\_\_\_

License Fee: \$ \_\_\_\_\_

Medallion: \$ \_\_\_\_\_ x \_\_\_\_\_

Non-Accident: \$ \_\_\_\_\_

Accident: \$ \_\_\_\_\_

Heavy Duty Roster: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_