

# Village of Mineola



OFFICE OF VILLAGE CLERK

155 Washington Ave., Mineola, NY 11501-2489

APPLICATION FOR LICENSE AS

## TOW CAR OWNER

INCLUDING APPLICATION FOR VEHICLES TO BE LICENSED AS TOW CARS

PRINT CLEARLY OR USE TYPEWRITER ANSWER ALL QUESTIONS

DO NOT WRITE  
IN THIS BLOCK

APPLICATION NO. \_\_\_\_\_  
 FEE PAID \$ \_\_\_\_\_  
 OWNERS LICENSE NO. \_\_\_\_\_  
 ISSUED \_\_\_\_\_, 20\_\_\_\_  
 VEHICLE LICENSE NO. \_\_\_\_\_  
 TO \_\_\_\_\_  
 ISSUED \_\_\_\_\_, 20\_\_\_\_  
 FEE PAID \$ \_\_\_\_\_

SUBMIT TWO PHOTOS  
 TAKEN WITHIN THE  
 PAST THIRTY DAYS  
 EACH 1½" X 1½"  
 SHOWING ONLY NECK,  
 SHOULDERS AND  
 UNCOVERED HEAD

CHECK BOX TO INDICATE TYPE OF OWNERSHIP <input type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> CO-PARTNERSHIP <input type="checkbox"/> CORPORATION						
NAME OF APPLICANT					PHONE NO.	
ADDRESS						
N. Y.						
EXACT LOCATION OF GARAGES OR DISPATCHING OFFICE						
Corporation, Co-Partnership or Individual Using a Trade Name						
IF A CORPORATION, CO-PARTNERSHIP OR INDIVIDUAL USING A TRADE NAME, FILL IN BLANK SPACES BELOW.						
CORPORATION, OR TRADE NAME					TELEPHONE NO.	
MAIN OFFICE						
INCORPORATED?		DATE		STATE		
<input type="checkbox"/> YES <input type="checkbox"/> NO						
PARTNER OR PRESIDENT	NAME			ADDRESS		
PARTNER OR VICE-PRESIDENT						
PARTNER OR SECRETARY						
PARTNER OR TREASURER						
WHAT CONNECTION HAS ABOVE NAMED INDIVIDUAL, CO-PARTNERSHIP OR CORPORATION WITH OWNERSHIP OR OPERATION OF VEHICLES DESCRIBED HEREIN.						
<input type="checkbox"/> OWNER <input type="checkbox"/> HOLDING COMPANY <input type="checkbox"/> LESSEE <input type="checkbox"/> OPERATING COMPANY						
Citizenship						
TO BE FILLED OUT IN RELATION TO EACH INDIVIDUAL OR PARTNER AND EACH OFFICER OF CORPORATION MAKING THIS APPLICATION						
FULL NAME	BIRTHPLACE	AGE	NATURALIZED (YES OR NO)	DECLARED INTENTIONS (YES OR NO)	DATE	COURT

ORIGINAL — TO OFFICE OF THE VILLAGE CLERK  
 DUPLICATE — TO IDENTIFICATION DIVISION, NASSAU COUNTY POLICE DEPARTMENT with FINGERPRINTS  
 REPORT OF NASSAU COUNTY POLICE DEPARTMENT TO BE FORWARDED TO  
 OFFICE OF THE VILLAGE CLERK

PUBLIC LIABILITY INSURANCE AMOUNT	POLICY NO.	COMPANY	PROPERTY DAMAGE INSURANCE AMOUNT	POLICY NO.	COMPANY
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WERE YOU, OR ANY MEMBER OF FIRM OR CORPORATION, EVER CONVICTED OF ANY CRIME OR OFFENSE OTHER THAN TRAFFIC INFRACTIONS?  
ANSWER YES OR NO, IF YES

WHAT CRIME OR OFFENSE?	WHEN?	WHERE?	PENALTY IMPOSED

STATE EXPERIENCE OF APPLICANT IN TOWING OF VEHICLES FOR HIRE


STATE ANY FACTS WHICH APPLICANT BELIEVES TEND TO PROVE THAT THE PUBLIC CONVENIENCE AND NECESSITY REQUIRE THE GRANTING OF THE LICENSE APPLIED FOR.


(ATTACH ADDITIONAL PAPER IF NECESSARY)

DESCRIBE BELOW EACH VEHICLE FOR WHICH APPLICATION IS MADE FOR A TOW CAR LICENSE

YEAR	MAKE	MODEL	MOTOR NO.	N. Y. STATE REGISTRATION NO.	APPLICANT LEAVE BLANK TOW CAR LICENSE NO.

(ATTACH ADDITIONAL PAPER IF NECESSARY)

I SOLEMNLY SWEAR TO THE TRUTH OF THE ABOVE STATEMENTS.

SWORN TO BEFORE ME THIS \_\_\_\_\_

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

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE