

TOWN OF LIBERTY
APPLICATION FOR TOWING & ROAD SERVICE LICENSE

License expires the 31st day of December following the Date of Issue

1. NAME OF APPLICANT: _____ AGE _____
2. BUSINESS ADDRESS: _____
3. RESIDENCE ADDRESS: _____
4. TELEPHONE: (____) (____) (____) EXT _____
5. VEHICLE INFORMATION:
 - A. NAME OF OWNER _____
 - B. MAKE OF VEHICLE: _____
 - C. LICENSE PLATE #: _____
 - D. BODY TYPE: _____
 - E. REGISTRATION#: _____
6. INSURANCE INFORMATION:
 - A. NAME OF INSURANCE CO. _____
 - B. AMOUNT OF LIABILITY INSURANCE: _____
 - C. POLICY NUMBER: _____
7. APPLICANT'S REGISTERED REPAIR SHOP CERTIFICATE #: _____
(PLEASE ATTACH COPY OF THIS CERTIFICATE)

I CERTIFY THAT I AM FAMILIAR WITH CHAPTER #136, ENTITLED "TOWING AND ROAD SERVICE", OF THE TOWN OF LIBERTY CODE AND THE RULES AND REGULATIONS APPLYING TO SAID CHAPTER AND AGREE TO COMPLY WITH THE TERMS AND CONDITIONS THEREOF. I CERTIFY THAT I AM ALSO FAMILIAR WITH THE TOWN OF LIBERTY'S TOWING AND ROAD SERVICE FEE SCHEDULE.

SIGNATURE OF APPLICANT

SWORN TO BEFORE ME THIS _____ DAY OF _____.

NOTARY PUBLIC

LICENSE ISSUED

DATE

LICENSE # _____

RATE SCHEDULE:

\$50.00 PER TRUCK