



STEVEN M. FULOP
MAYOR

HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
DIVISION OF COMMERCE
4 Jackson Square, Jersey City, NJ 07305
Telephone # 201-547-5139
commerce@jcnj.org

ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

TOWERS & TOWING APPLICATION
License Term March 1, 2022 thru February 28, 2023

(CHECK ALL THAT APPLY)

NEW APPLICATION

RENEWAL APPLICATION:

License fees: Class A= \$1500.00

Class B= \$250.00

Class "A" Light Duty/ Heavy Duty

Class "B" Light Duty/ Heavy Duty

License Type: Class "A" Rotation & Private Property Tower Class "B" Non Rotation & Non Private Property Tower

Business Information

Name of Business: _____ Trade Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone Number _____

Block _____ Lot _____

Class "A" License Applicants: Attach a copy of your Garage Keepers' Insurance Policy

Check One: Corporation LLC Sole Proprietorship Other

If the business is a corporation, provide: Date/ Stamp of Incorporation _____ State _____

Address of Principal Office (if different than above) _____

If this is your initial Application, provide a copy of your corporation papers/ LLC formation. If this is a Renewal Application and Corporation Structure changes have been made since your last application, attach a copy of the resolution.

Does the applicant or any stockholder or partner have an interest in any other towing license issued within the City of Jersey City?

Yes No Percentage of ownership or Number of shares _____

Name: _____

Name of Company _____

Address: _____

Name of individual completing Application: _____

Home Address: _____ Date of Birth _____ / _____ / _____

Has the Applicant or any Stockholder, Partner, Officer or Director of the Company for which this application is being submitted ever been convicted of a crime? Yes No if yes, complete below:

NAME OF PERSON	NAME OF CRIME	DATE OF CONVICTION

If the applicant or the Stockholder, Partner, Officer or Director is currently on probation or parole, list below:

Name of Applicant	Position with Company	Name of Probation Officer	Telephone Number

In the past five (5) years, has the Applicant or Stockholder or Partner, ever been denied a towing license by the City of Jersey City, or ever had a towing license suspended, not renewed, revoked or canceled in the State of New Jersey? Yes No if yes, provide the following details:

Company Name: _____ Approx. Date: _____

Type and Reason for action:

NOTARIZED STATEMENT

Action imposed by (Name of Local issuing Authority)

STATE OF NEW JERSEY
SS
COUNTY OF HUDSON

I, _____ BEING DULY SWORN TO LAW, UP OATH DEPOSES AND SAYS THAT I AM THE APPLICANT NAMED AND THAT THE ANSWERS TO THE QUESTIONS STATED ON THIS APPLICATION ARE TRUE AND COMPLETE.

(Signature of Applicant)

Sworn to and subscribed before me this _____ day of _____ 20_____

Affix Seal

(Notary Public Signature)

Company Name: _____

Telephone# _____ Emergency Contact: _____

LIST ALL VEHICLES STORAGE LOCATION (INCLUDING BLOCK & LOT NUMBER)

Number of Tow Trucks/ Flat Beds Licensed _____

24 Hours Contact Telephone # _____

DRIVERS / OPERATOR INFORMATION: (Please list all Drivers and attach copy of each Driver's License)

NAME OF OPERATOR	HOME ADDRESS	DRIVER'S LICENSE NUMBER

VEHICLES INFORMATION (LIST ALL VEHICLES) COMPLETE FOR EACH TOW VEHICLE AND FLATBED AND ATTACH A COPY OF THE INSURANCE BINDER AND INSURANCE CARD FOR EACH VEHICLE.

MAKE	MODEL	YEAR	VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NUMBER	WRECKER	FLATBED

FOR OFFICE USE

Denied: _____ Approval: _____ Amount Paid: \$ _____ Check# _____

Director's Signature: _____ Date: ____/ ____/ ____



WAGE THEFT CERTIFICATION

This form will be part of the License Application. It is a required document to be completed by the applicant and its completion is an express condition to approval of the License Application.

CERTIFICATION STATEMENT: I have not been found guilty, liable, or responsible in any judicial or administrative proceeding of committing a violation of the NJ State Wage and Hour Law N.J.S.A 34:11-56; Wage Payment Law N.J.S.A 34:11-4; Hudson County Living Wage Ordinance (No. 363-6-2014,364-6-2014,365-6-2014 and PL: 1977,C.33), N.J.S.A. 2C:40A-2, the Fair Labor standards Act, 29 U.S.C§201 *et seq.*, Section 3-76c of the Jersey City Municipal Code or any other federal or state law related to the payment of wages or the collection of debt owed due to unpaid wages. If I have been found liable as indicated herein within the last 24 months, I will provide the dates, location and nature of the wage theft claim, along with written evidence which demonstrates that the claim has been resolved.

I hereby certify that the information provided herein is true and accurate. I further certify that if any of the information provided herein is willfully false, I am subject to punishment.

Signature of Applicant _____

Print Name _____

Date _____