



OFFICE OF THE TOWN CLERK
 One Washington Street Hempstead, NY 11550
 Tel: (516) 812-3025 email: licensing@hempsteadny.gov

Office Use Only

APPLICATION #	_____
FILING FEE	_____
VEHICLE LIC. #	_____
TO	_____
ISSUED	_____
FEE PAID \$	_____
CERTIFICATE #	_____
CERTIFICATE DATE	_____

FIRST TIME **RENEWAL**

TOW CAR OWNER

Please indicate type of ownership

<input type="radio"/> Individual Owner		<input type="radio"/> Co-Partnership		<input type="radio"/> Corporation		
Name of applicant: DBA _____				Phone # _____		
Address: _____			Email Address: _____			
Exact location of depot or dispatching office: _____				Business hours	Business phone #	
Corporation, Co-partnership or Individual using a trade name If corporation, co-partnership or individual using a trade name, fill in blank spaces below						
Corporation, or trade name: _____				Phone # _____		
Main office: _____						
Incorporated ? YES <input type="radio"/> NO <input type="radio"/>		Date: / /		State: _____		
Name			Address			
Partner or President						
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="radio"/> Owner <input type="radio"/> Holding company <input type="radio"/> Lessee <input type="radio"/> Operating company Citizenship _____						
To be filled out in relation to each individual or partner and each officer of corporation making this application						
Name	Birth place	Age	Naturalized	Declared Intentions	Date	Court
			YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>		
			YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>		
			YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>		
			YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>		

Certificate of insurance must be attached showing coverage on all vehicles' public liability insurance Amount: Policy #: Company:	Property damage insurance Amount: Policy #: Company:
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Are there any unpaid judgements outstanding against the applicant? ANSWER YES NO
If yes, attach separate paper stating amount unpaid and nature of the transaction or act giving rise to said judgements. Include location of court and date on which judgement was entered.

List all violations of any traffic law, ordinance or regulation for which you or any member of firm or corporation have been arrested or convicted within the past 18 months.

Date	Violation	Name and Location of Court	Penalty imposed

Were you, or any member of firm or corporation, ever convicted of any crime or offense other than traffic infractions ?

Date	Violation	Name and Location of Court	NUMBER OF VEHICLES APPLICANT INTENDS TO OPERATE:	

Describe below each vehicle for which application is made for a towcar license.
Please supply additional info if needed

Car #	Make	Model	Seating Capacity	Vin #	N.Y. State Lic. plate #	Current tow #	Office Use Only
							New License #

I solemnly swear to the truth of the above statements

Sworn to before me this _____
Day of _____ 20____

Signature of Applicant

NOTARY PUBLIC

Title