

ORIGINAL

RENEWAL



TOWN OF FALLSBURG TOW COMPANY APPLICATION



FEE: \$ _____

LICENSE EXPIRES APRIL 30th, _____

1. Tow Company Name: _____
2. Owner Full Name: _____
3. Full Address: _____
4. Home Phone Number: _____ Cell Phone: _____
5. Have you previously been issued a Tow Truck permit in the Town of Fallsburg? _____
6. Are you familiar with the Town of Fallsburg towing ordinance? _____
Will you abide by it? _____
7. Has your tow truck license in the Town of Fallsburg ever been revoked or suspended? _____

Permit #	Year	Make/Model	Plate #	VIN #

I, the undersigned, state that all the information I have given in the foregoing application is true to the best of my knowledge, information and belief.

Owner's Signature: _____

Chief of Police: _____

Town Clerk: _____

Date: _____



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TOWN OF FALLSBURG TOW TRUCK DRIVER LICENSE

EXPIRES APRIL 30th, _____

Tow Company Name: _____

Owner's Full Name: _____

Address: _____

Post Office: _____ State: _____

Home Phone: _____ Cell: _____

**EACH DRIVER MUST INITIAL WHERE INDICATED
THAT THEY UNDERSTAND AND WILL ABIDE BY THE
TOWN OF FALLSBURG TOWING ORDINANCE.**

Driver Name Last, First	NYS Drivers License #	Drivers Initials
		X
		X
		X
		X
		X
		X
		X
		X

Tow Company Owner Signature Date

Chief of Police Date

Town Clerk Date

