

TOW SERVICE LICENSE CHECKLIST

_____ *Completed Tow Service Application*

_____ *Completed Tow Vehicle Information Forms*

_____ *Certificate of Insurance Containing the Following Liability Limits:*

<i>Bodily Injury Liability</i>	<i>\$100,000 each person</i>
	<i>\$300,000 each accident</i>

<i>Property Damage Liability</i>	<i>\$100,000 each accident</i>
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_____ *Current Paid Platte County Personal Property Tax Receipt*

_____ *Copy of Missouri Safety Inspection Certificate*

_____ *If a Corporation, you must have a current copy of "Certificate of Good Standing" from the Secretary of State*

_____ *Check for \$75.00 per Business and \$25.00 per Vehicle made payable to: Platte County Clerk*

Please Return To:

*Joan Harms, Platte County Clerk
415 Third Street, Suite 30
Platte City, MO 64079*

TOW SERVICE APPLICATION

DATE: _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____ CITY: _____

STATE: _____ ZIP: _____ BUSINESS PHONE: _____

1. I hereby make application for permit to operate a Tow Vehicle in Platte County, Missouri.

I make this application as a (Check One):

_____ Sole Owner _____ Partnership _____ Corporation

2. Complete this section if business is partnership or sole owner:

Name of Owner: _____ Name of Partner (If Any): _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

3. Complete this section if a corporation:

Name of Corporation: _____ Date Incorporated: _____

State In Which Incorporated: _____ Tax ID# _____

CORPORATE OFFICER INFORMATION:

President: _____ Home Phone: _____

Home Address: _____ Business Phone: _____

Vice President: _____ Home Phone: _____

Home Address: _____ Business Phone: _____

Secretary: _____ Home Phone: _____

Home Address: _____ Business Phone: _____

4. INSURANCE REQUIREMENTS:

Insurance Agency: _____

Business Phone: _____ Agent Name: _____

Agency Address: _____ City: _____ State/Zip: _____

COPY OF CERTIFICATE OF INSURANCE MUST BE ATTACHED, SHOWING LIABILITY LIMITS.

U.S. DEPARTMENT OF TRANSPORTATION REGISTRATION NUMBER: _____

I CERTIFY THAT THE WRECKER OR TOW SERVICE BUSINESS DESCRIBED IN THIS APPLICATION IS REGISTERED WITH THE UNITED STATES DEPARTMENT OF TRANSPORTATION. I FURTHER CERTIFY (Check One):

_____ a. That the wrecker or tow service business described in the application is physically located in Platte County, Missouri; or

_____ b. That the business described in the application conducts more than fifty percent (50%) of its wrecker or tow service business activities in Platte County, Missouri.

APPLICANT SIGNATURE: _____ **DATE:** _____

Tow Vehicle Information Form

Company Name
(as it appears on vehicle): _____

Telephone Number: _____

Business Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Vehicle Owner: _____ **State License No:** _____ **Month/Year** _____

State License Issued: _____ **V.I.N.** _____ **Gross Vehicle Weight:** _____

Missouri Safety Inspection Number: _____

Make or Model of Vehicle: _____

I HEREBY CERTIFY THAT OPERATION OF THIS TOW VEHICLE IS AUTHORIZED BY THIS ENTITY.

Owner or Designated Representative

Date

ADDITIONAL TOW VEHICLE INFORMATION
Fill this page out for each additional vehicle

Name of Business: _____

Vehicle Make or Model: _____

Year of Vehicle: _____ VIN: _____

State License Number: _____ Month/Year _____

Missouri Saftey Inspection Number: _____

Vehicle Make or Model: _____

State License Number: _____ Month/Year _____

Year of Vehicle: _____ VIN: _____

Missouri Saftey Inspection Number: _____

Vehicle Make or Model: _____

State License Number: _____ Month/Year _____

Year of Vehicle: _____ VIN: _____

Missouri Saftey Inspection Number: _____

Vehicle Make or Model: _____

State License Number: _____ Month/Year _____

Year of Vehicle: _____ VIN: _____

Missouri Saftey Inspection Number: _____