



Application for Emergency Wrecker License

for year ending in _____, _____

Date of Application _____

TO: THE OFFICE OF DIRECTOR OF TRAFFIC AND TRANSPORTATION
CITY OF TOMBALL
401 MARKET STREET
TOMBALL, TEXAS 77375
TEL. 281.351.5484 FAX 281.351.6256

I, _____, do hereby make application for a license to operate an emergency wrecker service in the City of Tomball.

NOTICE: All spaces provided on this application MUST be filled out to the best of the applicant's knowledge. If a question does not apply, please state so by writing in N/A. The City of Tomball reserves the right to deny an application for falsifying information or failing to provide information.

Business & Owner Information

True Name _____
Trade Name _____
Address _____ City _____ State _____ Zip _____
Telephone Business _____ Home _____ Mobile _____
E-mail Address _____
Owner Individual Partnership Corporation

If Owner is an Individual, Please Provide the Following:

Name _____
Address _____ City _____ State _____ Zip _____
Business Address _____ City _____ State _____ Zip _____
Telephone Business _____ Home _____ Fax _____
Mobile _____ E-mail Address _____

If Owner is a Partnership, Please Provide the Following:

Name _____
Address _____ City _____ State _____ Zip _____
Telephone Business _____ Home _____ Fax _____
Mobile _____ E-mail Address _____

Name _____
Address _____ City _____ State _____ Zip _____
Telephone Business _____ Home _____ Fax _____
Mobile _____ E-mail Address _____

Business Address _____ City _____ State _____ Zip _____
Business Fax _____ Business E-mail _____

If Owner is Corporation, please provide names and addresses of partners or officers and stockholders holding more than 10% interest.

Business Address _____ City _____ State _____ Zip _____
Business Phone _____ Business Fax _____

Name _____
Address _____ City _____ State _____ Zip _____
Telephone Business _____ Home _____ Fax _____
Mobile _____ E-mail Address _____

Name _____
Address _____ City _____ State _____ Zip _____
Telephone Business _____ Home _____ Fax _____
Mobile _____ E-mail Address _____

Name _____
Address _____ City _____ State _____ Zip _____
Telephone Business _____ Home _____ Fax _____
Mobile _____ E-mail Address _____

Name _____
Address _____ City _____ State _____ Zip _____
Telephone Business _____ Home _____ Fax _____
Mobile _____ E-mail Address _____

Number of Vehicles to be Operated Under This License

Vehicle No. 1

Year _____ Make _____ Model _____
Serial No. _____ License No. _____

Vehicle No. 2

Year _____ Make _____ Model _____
Serial No. _____ License No. _____

Vehicle No. 3

Year _____ Make _____ Model _____
Serial No. _____ License No. _____

Vehicle No. 4

Year _____ Make _____ Model _____
Serial No. _____ License No. _____

Vehicle No. 5

Year _____ Make _____ Model _____
Serial No. _____ License No. _____

Storage Lot Information

Location of Storage Lot _____
Name of Owner of Lot _____
24-Hour Number for Retrieval of Vehicles From Lot _____

IMPORTANT - Please Read & Attach Appropriate Documents

THIS APPLICATION MUST BE ACCOMPANIED BY AN AUTO WRECKER LICENSE FEE OF ONE HUNDRED DOLLARS (\$100.00) FOR EACH VEHICLE AND A POLICY OR CERTIFICATE OF INSURANCE OF PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE ISSUED BY A CASUALTY INSURANCE COMPANY AUTHORIZED TO DO BUSINESS IN THE STATE OF TEXAS AND THE STANDARD FORM APPROVED BY THE BOARD OF INSURANCE COMMISSIONERS OF THE STATE OF TEXAS WITH THE COVERAGE PROVISION INSURING THE PUBLIC FROM LOSS OR DAMAGE THAT MAY ARISE TO ANY PERSON OR PROPERTY BY REASON OF THE OPERATION OF A WRECKER OF SUCH COMPANY AND PROVIDING THAT THE AMOUNT OF RECOVERY OF EACH WRECKER SHALL BE IN LIMITS OF NOT LESS THAN THE FOLLOWING SUMS:

FOR DAMAGES ARISING OUT OF BODILY INJURY TO OR DEATH OF ONE PERSON IN ANY ONE ACCIDENT: **\$300,000.00**

FOR INJURY TO OR DESTRUCTION OF PROPERTY IN ANY ONE ACCIDENT: **\$100,000.00**

Please Attach the Following

- PROOF OF OWNERSHIP OF ALL WRECKERS**
- CERTIFICATE OF REGISTRATION OF EACH TOW TRUCK/WRECKER FROM STATE OF TEXAS**
- STATE LICENSE TO OPERATE A VEHICLE STORAGE FACILITY**

I will obey the provisions of Ordinance 89-17 and all other ordinances and statutes applicable to "Auto Wreckers" and agree that upon failure to obey such laws that this license may be revoked and/or suspended. Any false or misleading information on this application may result in denial or suspension of said license. All the information supplied in this application is true and correct.

Do you agree to participate in the wrecker rotation list? Yes No

Signature of Owner, Partner or Officer

Date

FOR OFFICE USE ONLY

Application received by _____

Date _____

Application approved by _____

Date _____

License Issued by _____

Date _____

License Expires _____

License No. _____

Refused _____

Reason for Refusal _____

City Manager Approval _____

Date _____

City Manager Refusal _____

Reason for Refusal _____