



CITY OF RICHMOND - PERMIT/LICENSE OFFICE
600 MORTON ST. - RICHMOND, TX 77469
281-232-6871 - FAX 281-238-1215

APPLICATION FOR TOW TRUCK COMPANY PERMIT CITY OF RICHMOND, TEXAS	Date Rec'd In Permit Office & Clerk Initials
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PRINT LEGIBLY or TYPE -- MUST BE ORIGINAL -- MAY NOT BE FAXED Page 2 & 3 of the application must be attached. All spaces must be filled out on this application and if a question does not apply please enter N/A in that space. The City reserves the right to deny an application for lack of information or falsifying information.

Name of Tow Truck Company:	DBA:
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Physical Location:
 Must list a street address. No P.O. Boxes

Number, Street, Suite	City	State	Zip
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Mailing Address:
 Used for all correspondence

P.O. Box, Number, Street, Suite,	City	State	Zip
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Business Phone: _____ Fax: _____

Wrecker Dispatch Telephone Number:	Other:
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Company Owner/Chief Operating Officer Name:

Owner Information	Home Address: May not be a P.O. Box	Street	City	State	Zip Code
	Home Telephone:	Cell Telephone:			

Vehicle Storage Lot Information	TDLR Number:	Richmond VSL Permit Number:
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Location:	Publicly Listed Phone Number:
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Please check all requirements to be submitted with this application	<input type="checkbox"/>	Request made to your Insurance Carrier for Proof of Insurance for the company. Insurance must be submitted by your insurance company directly to the City.
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<input type="checkbox"/>	Vehicle Storage Lot is within 5 miles of City Hall.	<input type="checkbox"/>	Copy of TDLR Tow Truck Company License
<input type="checkbox"/>	Signed original of the City of Richmond Police Department Wrecker Rotation & Operational Guidelines	<input type="checkbox"/>	Page 2 attached with all tow vehicles associated with this company.
<input type="checkbox"/>	Page 3 attached with all partners and owners of this company.	<input type="checkbox"/>	\$200.00 Application Fee payable to the City of Richmond -- Not refundable

By signing and submitting this application and any attached forms, I hereby certify, under penalty of perjury, that I have read and examined this application and know the same to be true and correct. I further certify that I will comply with all applicable provisions of the Texas Towing Act; Texas Occupations Code, Chapter 2308; TEX. ADMIN. CODE, Chapter 60; the Towing Administrative Rules, TEX. ADMIN. CODE, Chapter 86; I understand that providing false information on this application may result in revocation and/or denial of the Permit I am requesting and the imposition of administrative penalties and sanctions.

Owner Signature:	Date:
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City Office Use Only	Received By:	Date:
	Approved By	Date:
	Sent to Police Dept. By:	Date:
	Date Payment Received:	Amount:



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PAGE 2 - TOW TRUCK COMPANY WRECKER REPORT

Date Rec'd In Permit Office & Clerk Initials

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Name of Tow Truck
Company:

TDLR#

Company Physical
Location:

Must list a street address. No P.O. Boxes Number, Street, Suite City State Zip

Wrecker Dispatch Telephone Number:

Other:

Vehicle Storage Lot Information

TDLR
Number:

Richmond VSL Permit
Number:

Location:

Publicly Listed Phone
Number:

Unit#	Make	Year	Heavy Duty	Light Duty	Rollback or Flat Bed	Add or Delete	Vehicle Identification Number (VIN)

Please check all requirements to be submitted with this application

Copy of TDLR Tow Truck Company, Vehicle Storage Lot, & Tow Truck Licenses are attached.

Company name is permanently displayed on the truck.

Copy of latest Registration or Title of each truck is attached.

Copy of Insurance Card for each truck is attached.

\$200.00 Application Fee, for each truck, payable to the City of Richmond. Not refundable

Number of Trucks _____ x \$200.00 = \$ _____

By signing and submitting this application and any attached forms, I hereby certify, under penalty of perjury, that I have read and examined this application and know the same to be true and correct. I further certify that I will comply with all applicable provisions of the Texas Towing Act; Texas Occupations Code, Chapter 2308; TEX. ADMIN. CODE, Chapter 60; the Towing Administrative Rules, TEX. ADMIN. CODE, Chapter 86; I understand that providing false information on this application may result in revocation and/or denial of the Permit I am requesting and the imposition of administrative penalties and sanctions.

Owner Signature:

Date:

City Office Use Only

Received By: _____

Date: _____

Approved By _____

Date: _____

Sent to Police Dept. By: _____

Date: _____

Date Payment Received:

Amount:

Check Number:



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PAGE 3 TOW TRUCK COMPANY OWNER/PARTNER REPORT

Date Rec'd In Permit Office & Clerk Initials

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This is Page 3 of the application & must be attached to page one. All spaces must be filled out on this application and if a question does not apply please enter N/A in that space. The City reserves the right to deny an application for lack of information or falsifying information.

Name of Tow Truck
Company:

TDLR#

If a corporation or the company has more than one owner/partner please provide the following information for any person or any company which has more than 10% interest in this Tow Truck Company. Attach additional sheets if necessary.

NO OTHER PERSONS OR PARTNERS? SIGN HERE:

SIGN HERE ONLY If there are no other partners, owners, or officers in this company & draw a line through the rest of this page

Partner Information	Partner Name:			
	Home Address: May not be a P.O. Box	Street		
		City	State	Zip Code
	Home Telephone:		Cell Telephone:	
Partner Information	Partner Name:			
	Home Address: May not be a P.O. Box	Street		
		City	State	Zip Code
	Home Telephone:		Cell Telephone:	
Partner Information	Partner Name:			
	Home Address: May not be a P.O. Box	Street		
		City	State	Zip Code
	Home Telephone:		Cell Telephone:	
Partner Information	Partner Name:			
	Home Address: May not be a P.O. Box	Street		
		City	State	Zip Code
	Home Telephone:		Cell Telephone:	
Partner Information	Partner Name:			
	Home Address: May not be a P.O. Box	Street		
		City	State	Zip Code
	Home Telephone:		Cell Telephone:	