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### APPLICATION FOR TOWING BUSINESS REGISTRATION

**Application Type:** Check one of the following:

Initial

Renewal

2yr Renewal

**Services Provided:** Check all that apply

Non-Consent Tows

Police Contract Tows

Private Property Tows

Consent Tows

**TYPE OF OWNERSHIP:** Check one of the following:

Corporation

Sole Proprietor

Fictitious Name

Other \_\_\_\_\_

Date of Inc: \_\_\_\_-\_\_\_\_-\_\_\_\_ D.O.B: \_\_\_\_-\_\_\_\_-\_\_\_\_ D.O.B: \_\_\_\_-\_\_\_\_-\_\_\_\_

### BUSINESS INFORMATION:

1. Company Name: \_\_\_\_\_
2. D/B/A: \_\_\_\_\_
3. Address : \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number \_\_\_\_\_
6. Email Address: \_\_\_\_\_ County Towing License Number: \_\_\_\_\_
7. Federal Tax Identification Number (FEID#): \_\_\_\_\_

### OWNER/OFFICER INFORMATION: (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address & Zip Code \_\_\_\_\_

Address & Zip Code \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address & Zip Code \_\_\_\_\_

Address & Zip Code \_\_\_\_\_

**Please answer yes or no to the following questions:**

**Yes**  **No**  Do you, or any partner(s), corporate officer(s) or stockholder(s) owning, holding, controlling or having a beneficial interest in five (5) percent or more of the issued and outstanding stock, as applicable, have any outstanding arrest warrants, have three (3) or more misdemeanors that were committed within the last thirty-six(36) months or have one (1) or more felony convictions within the last five years involving criminal homicide; kidnapping; a sexual offense; an assaultive offense; robbery; burglary; arson; fraud; theft if the offense was committed against a person with whom the applicant came in contact with while engaged in towing or storage services; public indecency; possession of a weapon; and a violation of any laws regarding controlled substances? *If yes, please provide details on a separate sheet.*

**Yes**  **No**  Do you or any partner(s), corporate officer(s) or stockholder(s) owning, holding, controlling or having beneficial interest in five (5) percent or more of the issued and outstanding stock, as applicable, have a current suspended towing license, have an outstanding and unsatisfied civil penalties imposed due to violations of the Towing Ordinance or had a towing license that was revoked by action of the Miami-Dade County Business Affairs & Consumer Protection Division within two (2) years of the date of this application? *If yes, please provide details on a separate sheet.*

**Yes**  **No**  Do you owe money to Miami-Dade County, either individually or through any other business? *If yes, please provide details on a separate sheet.*

**TOWED VEHICLES STORAGE ADDRESS & PHONE NUMBERS (NON-CONSENT TOWERS ONLY)**

(Please attach a separate paper for additional storage addresses.)

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Primary Number:** (\_\_\_\_) \_\_\_\_-\_\_\_\_ **Secondary Number:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

**TOWING TRUCK(S) PARKING INFORMATION (CONSENT TOWERS ONLY)**

The truck(s) is being parked at

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

This location is a \_\_\_\_\_ (ex: garage)

**Complete the following checklist including those items attached or enclosed with this application:**

- Renewal Applications Need Only Include the Underlined Items Below -

- |   |   |
|---|---|
| <input type="checkbox"/> <u>Completed Application</u>                             | <input type="checkbox"/> <u>County Local Business Tax Receipt</u>                                 |
| <input type="checkbox"/> <u>License Fees</u>                                      | <input type="checkbox"/> Description of Management Plan(See attachment)                           |
| <input type="checkbox"/> Description of Services (Non-Consent Towers Only)        | <input type="checkbox"/> Certificate of Use and Occupancy (Non-Consent Towers only)               |
| <input type="checkbox"/> <u>Articles of Incorporation or Fictitious Name Reg.</u> | <input type="checkbox"/> Towing and Storage Rates (Non-Consent Towers Only)                       |
| <input type="checkbox"/> City Local Business Tax Receipt, if applicable           | <input type="checkbox"/> <u>Certificate of Insurance for Automobile Liability(See attachment)</u> |
| <input type="checkbox"/> Vehicle Registration                                     | <input type="checkbox"/> <u>Copy of Owner's Drivers License</u>                                   |

