TOWING LICENSE CHECKLIST

Business Name: _____

Federal I.D. # or SSN: _____

Address: _____

__1. Graduated Business License Application (8.07.010)
- __ a. All 12 lines filled out
- __ b. Clearance blocks completed
  - 1) Other licenses
  - 2) Collector of Revenue
  - 3) Occupancy Permit
  - 4) Workers Compensation
  - 5) Missouri Dept. of Revenue - Sales Tax

__2. (GREEN) Wrecker (Tow Truck) application (8.110.030) - **on reverse side**
- __a. A-E filled out
- __b. Notarized

__3. Police Record (8.110.040) from the City of St. Louis

__4. Title of each vehicle (8.110.40)

__5. Safety inspection & licensed by state (8.110.040)

__6. Schedule of maximum prices in triplicate (8.110.130)

__7. Proof of insurance (8.110.220)

__8. Need a photo of one door of each tow vehicle

__9. Complete list of all company names and addresses with whom you have any contracts

For Office Use Only

COMPLETED BY: _____

APPROVED TO ISSUE: _____

- (Over) -

WRECKER (TOW TRUCK) APPLICATION

A. Name and Address of the applicant: if a natural person, the age, date, & place of birth.

Name _____ Age _____ Date of Birth __/__/__

Address _____ Place of Birth _____

B. If a corporation, the State under which incorporated, the date of incorporation, the address of the principal office, and the names and address of it's officers:

_____

_____

_____

_____

C. If any other type of organization, the name thereof, the location of its office, and the names and address of the principal officers, directors, trustees, or managing officials or partners:

_____

_____

_____

_____

D. The place from which the Wrecker will operate and the number of vehicles to be operated:

_____

_____

E. A description of each Wrecker giving also the serial and motor number, copy of the inspection and title: (if more space is required attach additional sheet)

_____

_____

_____

_____

F. There shall be annexed to the application an affidavit to be sworn to by the applicant.

SIGNED: _____

STATE OF MISSOURI)
)
CITY OF ST. LOUIS)

Subscribed and sworn to before me this _____ day of _____, 20 _____

My Commission Expires:

_____
Notary Public (SEAL)