



**Town of Brookhaven**  
**Department of Public Safety**  
 One Independence Hill  
 Farmingville, New York  
 Phone (631) 451-6291 Fax (631) 451-6908



**2019-2020 APPLICATION FOR TOW TRUCK LICENSE AND MEDALLION**

<b>NON-REFUNDABLE FEE:</b> \$274.96 for the 2019 & 2020 Tow Seasons	<b>DATE:</b>
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**APPLICANT INFORMATION:**

<b>NAME:</b>	
<b>HOME ADDRESS:</b>	
<b>CITY, STATE, ZIP</b>	
<b>PHONE:</b>	<b>EMAIL:</b>

**TOWING VENDOR INFORMATION:**

<b>BUSINESS NAME:</b>	
<b>BUSINESS ADDRESS:</b>	
<b>PHYSICAL ADDRESS (if above address is a PO Box):</b>	
<b>CITY, STATE, ZIP:</b>	<b>EMAIL:</b>
<b>DAY PHONE:</b>	<b>NIGHT/WEEKEND PHONE:</b>
<b>BUSINESS IS A (circle one): Corporation Partnership LLC Association Individual D/B/A</b>	
List all partners, associations members, corporate officers, directors and/or shareholders owning more than 5% of outstanding stock:	
<b>NAME:</b>	<b>TITLE:</b>
<b>NAME:</b>	<b>TITLE:</b>
<b>OTHERS:</b>	

**TYPE OF TOW TRUCK LICENCE REQUESTED: (Please circle; Town roster may be selected with any license type)**

<b>MEDALLION ONLY</b>	<b>LIGHT DUTY ROSTER</b>	<b>NON - ACCIDENT ROSTER</b>
<b>TOWN ROSTER</b>	<b>MEDIUM DUTY ROSTER</b>	<b>HEAVY DUTY ROSTER</b>

**TOW TRUCK INFORMATION**

<b>YEAR</b>	<b>MAKE</b>	<b>COLOR</b>	<b>FLATBED? YES NO</b>
<b>PLATE #</b>	<b>EXP. DATE</b>	<b>VIN</b>	

**HEAVY DUTY ROSTER APPLICANTS ONLY:**

VEHICLE #1	YEAR	MAKE	PLATE #	CAPACITY
VEHICLE #2	YEAR	MAKE	PLATE #	CAPACITY
VEHICLE #3	YEAR	MAKE	PLATE #	CAPACITY
VEHICLE #4	YEAR	MAKE	PLATE #	FLATBED GVW

**DEPOT INFORMATION:** Vehicle will be towed here unless vehicle owner specifies otherwise in writing

<b>DEPOT NAME:</b>	
<b>DEPOT ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>ALL TOW TRUCKS APPLYING FOR A MEDALLION ONLY MUST BE STORED IN A COMMERCIAL OR INDUSTRIAL ZONE.</b>	
<b>IS THE DEPOT LOCATED ON THE SAME SITE AS A MOTOR VEHICLE REPAIR SHOP? YES NO</b>	

**FROM PROPERTY TAX MAP:**

<b>DISTRICT:</b>	<b>SECTION:</b>	<b>BLOCK:</b>	<b>LOT:</b>
<b>STREET #</b>	<b>N S E W OF</b>		
<b>DISTANCE (FEET):</b>	<b>N S E W OF</b>		
<b>NEAREST CROSS STREET:</b>		<b>TOWN TAX ITEM #</b>	
<b>DOES PREMISES HAVE CO, CEU, CZC, OR ZBA OUTDOOR STORAGE PERMIT? YES NO</b>			
<b>TYPE:</b>	<b>NUMBER:</b>	<b>DATE ISSUED:</b>	

**DRIVER INFORMATION:** (Please provide the complete names, driver's license numbers and signatures of all drivers)

**NOTE: BY PROVIDING THEIR SIGNATURE BELOW, THE UNDERSIGNED AUTHORIZE THE TOWN OF BROOKHAVEN TO CONDUCT A REVIEW ON THEIR DEPARTMENT OF MOTOR VEHICLE RECORDS.**

NAME	DRIVER'S LICENSE NUMBER	SIGNATURE	OFFICE USE

<b>HAVE YOU OR ANY PARTNER OR ASSOCIATION MEMBER OR CORPORATE OFFICER, DIRECTOR OR STOCKHOLDER BEEN CONVICTED OF A CRIME WITHIN THE LAST FIVE YEARS? YES NO</b>
<b>HAVE YOU OR ANY PARTNER OR ASSOCIATION MEMBER OR CORPORATE OFFICER, DIRECTOR OR STOCKHOLDER BEEN CONVICTED OF A VIOLATION OF ANY TOWN CODE OR ORDINANCE WITHIN THE LAST FIVE YEARS? YES NO</b>
<b>IF YES TO EITHER, PLEASE STATE BELOW, THE NAME OF THE INDIVIDUAL, THE ORIGINAL CHARGE, THE CHARGE UPON CONVICTION &amp; SENTENCE IMPOSED, THE DATE OF CONVICTION AND THE COURT THAT IMPOSED IT:</b> _____
<b>HAVE ANY OF THE AFOREMENTIONED INDIVIDUALS EVER BEEN DENIED A LICENSE TO CONDUCT A TOWING BUSINESS OR HAS ANY LICENSE ISSUED TO AN ABOVE REFERENCED INDIVIDUAL BEEN SUSPENDED OR REVOKED? YES NO</b>
<b>HAS THE PROPERTY DESIGNATED IN THIS APPLICATION AS THE DEPOT BEEN ALTERED OR CHANGED IN ANY WAY SINCE THE LAST APPLICATION? YES NO</b>
<b>IF YES, HAVE ALL CERTIFICATES OF COMPLIANCE AND OCCUPANCY BEEN APPROVED AND GRANTED? YES NO</b>

I, THE UNDERSIGNED, AFFIRM UNDER PENALTIES OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE, AND THAT THE TOW TRUCK IS EQUIPPED AS REQUIRED BY LAW, AND THAT ANY VEHICLE TOWED WILL BE TAKEN TO THE DEPOT LISTED IN THIS APPLICATION, UNLESS OTHER ARRANGEMENTS ARE AGREED TO IN WRITING BY THE VEHICLE OWNER PRIOR TO TOWING THE VEHICLE. I ALSO AFFIRM THAT ANY BILL FOR CHARGES IS A TRUE AND ACCURATE ACCOUNTING OF CHARGES ALLOWED AS SET FORTH IN THE CODE OF THE TOWN OF BROOKHAVEN, CHAPTER 66. I FURTHER AFFIRM THAT THIS APPLICATION IS ACCEPTED ON THE CONDITION THAT THE PROVISIONS AND REGULATIONS OF THE TOWN OF BROOKHAVEN CODES AND THE REQUIREMENTS OF THE RESPECTIVE TOWN DEPARTMENTS SHALL BE COMPLIED WITH. IT IS UNDERSTOOD THAT ANY VIOLATION OF THE CODES OF THE TOWN OF BROOKHAVEN MAY RESULT IN THE IMMEDIATE REVOCATION OF THIS APPLICATION AND ITS ATTACHED LICENSES.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Clearly Print or Type Name of Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public