



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



2022 APPLICATION FOR TOW TRUCK LICENSE AND MEDALLION

NON-REFUNDABLE FEE: \$288.44 for the 2022 season (list fees will be paid separately)	DATE:
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APPLICANT INFORMATION:

NAME:	
HOME ADDRESS:	
CITY, STATE, ZIP	
PHONE:	EMAIL:

TOWING VENDOR INFORMATION:

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

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

MEDALLION ONLY	LIGHT DUTY ROSTER	NON - ACCIDENT ROSTER
TOWN ROSTER	MEDIUM DUTY ROSTER	HEAVY DUTY ROSTER

TOW TRUCK INFORMATION

YEAR	MAKE	COLOR	FLATBED? YES NO
PLATE #	EXP. DATE	VIN	

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

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

FROM PROPERTY TAX MAP:

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

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

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
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
IF YES TO EITHER, PLEASE STATE BELOW, THE NAME OF THE INDIVIDUAL, THE ORIGINAL CHARGE, THE CHARGE UPON CONVICTION & SENTENCE IMPOSED, THE DATE OF CONVICTION AND THE COURT THAT IMPOSED IT: _____
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
HAS THE PROPERTY DESIGNATED IN THIS APPLICATION AS THE DEPOT BEEN ALTERED OR CHANGED IN ANY WAY SINCE THE LAST APPLICATION? YES NO
IF YES, HAVE ALL CERTIFICATES OF COMPLIANCE AND OCCUPANCY BEEN APPROVED AND GRANTED? YES NO

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