

**BOROUGH OF CARLSTADT**

**Office of the Borough Clerk**

Memorial Municipal Building  
500 Madison Street  
Carlstadt, NJ 07072

**APPLICATION FOR  
TOWING LICENSE**

Submit in Duplicate by no later than December 1

**Carlstadt Borough Ordinance 04-19**

This application form must be accompanied by a fee of **\$1,000.00**. Checks should be payable to the "Borough of Carlstadt."

All permits shall run from January 1 of each year and shall terminate on the last day of December of the same year.

NAME OF APPLICANT: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

NAME OF ON-SITE CONTACT PERSON: \_\_\_\_\_

24-HOUR PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

EMERGENCY PHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

\*If owner is corporation, the name residence and business address and telephone number of every stockholder owning more than ten per (10% percent of issued stock is to be provided. Attach separate sheets, if necessary.

OWNER'S NAME\*: \_\_\_\_\_

OWNERS HOME ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

**CHECKLIST OF REQUIRED ATTACHMENTS**

- |  |   |
|--|---|
| <input type="checkbox"/> Application Fee                                 | <input type="checkbox"/> Hold Harmless Agreement  |
| <input type="checkbox"/> New Jersey Business Registration Certificate    | Policies or Certification of Insurance Coverage   |
| <input type="checkbox"/> Sketch/Plot Plan of location of storage area(s) | <input type="checkbox"/> Garage Keepers Liability |
|  | <input type="checkbox"/> General Liability        |
|  | <input type="checkbox"/> Collision                |

**STORAGE AREA(S)**

A. Location of Storage Area for Equipment:

\_\_\_\_\_  
\_\_\_\_\_

B. Location of Storage Area for Towed Vehicles:

\_\_\_\_\_  
\_\_\_\_\_

- C. Total square feet of storage: \_\_\_\_\_  
D. Attach Sketch/Plot Plan showing amount of storage for inside storage or protected area for impounded vehicles.

**VEHICLES**

Serial Number	Registration	Description
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

**HOLD HARMLESS AGREEMENT**

Applicant must deliver a Hold Harmless Agreement in a form acceptable to the Borough Attorney agreeing to assume the defense of and indemnify and hold harmless the Borough, its elected officials, boards, commissioners, officers, employees and agents, from all suits, actions, damages or claims, fees, costs, expenses, fines or penalties to which the Borough may be subjected of any kind and nature whatsoever resulting from, caused by, arising out of or as a consequence of the provisions of towing, wrecking, storage and/or emergency services provided at the request of the Borough .

**INSURANCE**

(Attach copies of Certificates of Insurance/Policies)

- Garage Liability Insurance: (minimum \$1,000,000 combined single limit (bodily injury and property damage)  
Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address of Insurer: \_\_\_\_\_ Policy Limits: \_\_\_\_\_
- Garagekeepers Insurance: (minimum \$500,000)  
Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address of Insurer: \_\_\_\_\_ Policy Limits: \_\_\_\_\_
- Automobile Liability Insurance: (minimum \$1,000,000 combined single limit bodily injury and property damage)  
Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address of Insurer: \_\_\_\_\_ Policy Limits: \_\_\_\_\_
- Excess Umbrella Insurance: (minimum \$2,000,000 - providing protection in excess of 1 and 3 above)  
Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address of Insurer: \_\_\_\_\_ Policy Limits: \_\_\_\_\_
- Workers Compensation Insurance: (N .J. Statutory coverage, including employers liability coverage.)  
Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address of Insurer: \_\_\_\_\_ Policy Limits: \_\_\_\_\_



**CERTIFICATION**

I, \_\_\_\_\_ am the \_\_\_\_\_, of \_\_\_\_  
(Applicant's Name) (Title/Affiliation)  
\_\_\_\_\_ and as such am a representative duly  
(Name of Corporate/Business Entity)

authorized to make this application.

I certify that:

1. Applicant is, and will be, able to provide towing services anywhere in the Borough of Carlstadt within a maximum response time of fifteen (15) minutes, except when extraordinary circumstances occur.
2. Applicant is, and will be, available for service twenty-four (24) hours a day, seven (7) days a week.
3. Applicant will abide by the fees as set forth in Carlstadt Code Section 6-12.11 Towing and Storage Fee Schedule and any subsequent amendments thereto.
4. I have read a copy of Ordinance No. 04-19 and meet the requirements as set forth therein.

I hereby consent to the appointment of the Carlstadt Borough Clerk as the true and lawful attorney for purposes of acknowledging service out of any court of jurisdiction to be served against Applicant.

I hereby agree to abide by the general rules and regulations established by the Chief of Police in connection with towing procedures within the Borough of Carlstadt.

I further certify that the foregoing information is true. I am aware that if any of the foregoing information is willfully false, I am subject to punishment.

Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_

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

\_\_\_\_\_  
Signature  
Title: \_\_\_\_\_