



# TOW TRUCK **SERVICE** SPECIAL LICENSE APPLICATION

**Fee: \$25.00**

**US Mail:** City of Vancouver, PO Box 8995, Vancouver, WA 98668-8995

**Drop Off, when City Hall open:** 415 W 6th St, Vancouver WA -- *check open days/hours at: [www.cityofvancouver.us](http://www.cityofvancouver.us)*

**QUESTIONS:** Email: [business.licenses@cityofvancouver.us](mailto:business.licenses@cityofvancouver.us), Phone: 360-487-8410 ext 3

**APPLICATION INSTRUCTIONS:** (1) Print or type neatly to complete ALL applicable fields, (2) sign form, (3) make copy for your records, (4) collect all required attachments *listed on page 2*, and (5) return completed form to city, as directed above, along with required attachments and \$25.00 fee per service application.

## BUSINESS INFORMATION

WA STATE UBI #: \_\_\_\_\_ - 001 - \_\_\_\_\_ VANCOUVER BUSINESS LICENSE EXPIRATION DATE: \_\_\_\_\_  
UNIFIED BUSINESS ID # BUSINESS ID # LOCATION ID #

LEGAL ENTITY NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
(If different than Legal Entity Name.)

PHYSICAL ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
(If different than physical address.) STREET or PO BOX CITY STATE ZIP CODE

DAYTIME PHONE: \_\_\_\_\_ DAYTIME EMAIL: \_\_\_\_\_

## OWNER INFORMATION – If more than two (2) owners, please add more pages, as needed, with same owner information as shown below.

1. Owner 1 Name: \_\_\_\_\_ Owner 1 Date of Birth: \* \_\_\_\_\_

**Owner 1, Convictions or Guilty Pleas\*** – List any conviction or plea of guilty to a misdemeanor or felony related to theft, violence, controlled substances, or traffic codes, or any misdemeanor or felony conviction related to towing, storage or disposal of motor vehicles during last 5 years. *(If none, enter "NA".)*

Owner 1 Email:\*\* \_\_\_\_\_ Owner 1 Residence: \_\_\_\_\_  
STREET CITY ST ZIP

2. Owner 2 Name: \_\_\_\_\_ Owner 2 Date of Birth: \* \_\_\_\_\_

**Owner 2, Convictions or Guilty Pleas\*** – List any conviction or plea of guilty to a misdemeanor or felony related to theft, violence, controlled substances, or traffic codes, or any misdemeanor or felony conviction related to towing, storage or disposal of motor vehicles during last 5 years. *(If none, enter "NA".)*

Owner 2 Email:\*\* \_\_\_\_\_ Owner 2 Residence: \_\_\_\_\_  
STREET CITY ST ZIP

### \* VMC 5.86.030 Tow Truck Service--Qualifications of Owners/Officers.

1. Owners must be a minimum of 18 years of age;
2. Be without a conviction or plea of guilty to any misdemeanor or felony related to theft, violence against persons, violations of the controlled substance act, the traffic act or codes, or misdemeanor or felony violations of the laws relating to the towing, storage or disposal of motor vehicles during the past five years; provided, that the applicant may rebut the presumption of unfitness for issuance of the license by presenting, with the application for the license, proof of expungement or pardon of such conviction or plea of guilty or pardon; or satisfactory proof of subsequent good behavior including but not limited to completion of all conditions of sentencing, payment of restitution, completion of treatment/counseling, and no subsequent conviction or plea of guilty to such charges.

\*\* To confirm reported information is accurate, the City's background check contractor may email you an invitation to participate in a secure online background check process.

**NOTE:** Tow truck service special license holders that desire to qualify for the city rotation list must comply with all requirements set forth in VMC 5.86.240-290.



# TOW TRUCK SERVICE SPECIAL LICENSE APPLICATION, pg.2

Legal Entity Name

Business Name

**STORAGE LOT INFORMATION** - If there is more than one lot, provide information on a copy of this page or a separate page.

LOT STREET ADDRESS: \_\_\_\_\_ LOT PHONE #: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ LOT SECURITY FEATURES: \_\_\_\_\_

ADDRESS WHERE PUBLIC CAN REDEEM VEHICLES & HOURS OPEN: \_\_\_\_\_  
STREET HOURS

DESCRIBE PLACE USED TO PROTECT PROPERTY LEFT IN VEHICLES: \_\_\_\_\_

DESCRIBE COMMUNICATION SYSTEM USED: \_\_\_\_\_

**TOW TRUCK EQUIPMENT INFORMATION** – add extra pages, as needed.

License #	Year / Make	Description	Location	Hours of Availability

**REQUIRED ATTACHMENTS** - Provide current copies of following documents:

✓	Document	Issuing Agency
<b>For Tow Truck Company:</b>		
	WA State Business License with <i>Vancouver General Business License</i> as "City Endorsement".	WA State Dept of Revenue
	Registered Tow Truck Operator Official Fees.	WA State Dept of Licensing
	Letter of Appointment and Agreement for Towing Services, if applicable.	WA State Patrol
	Annual Inspection Report, listing each piece of tow truck equipment shown in table above.	WA State Patrol
<b>For Each Piece of Tow Truck Equipment listed above:</b>		
	Vehicle Examination Report.	WA State Patrol
	Tow Truck Operator License/Registration, issued in accordance with RCW 46.55.	WA State Dept of Licensing

*I hereby authorize the City of Vancouver to check background and criminal history records to certify information in this application.*

*I hereby certify under penalty of perjury that the information provided in this application is complete, true, and correct, and that failure to provide complete and accurate information on this application may result in denial or loss of the special license.*

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_