GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Towing Business/Truck Supplemental Application

1. **Business Name:**_____**Trade Name** _____

   Primary Business Address:_____**Telephone # (___)**_____
   Street **City, State** **Zip**

2. **Will you operate your own tow service storage lot or lease space from a licensed facility?** ( ) operate own ( ) lease space
   (Note: If you operate your own storage lot, refer to licensing requirements for tow service storage lot and proceed to Question 4. If you lease space, proceed to Questions 3.)

3. **Tow truck business owners who plan to lease storage space for storing towed vehicles must attach of a copy of the tow service storage lot lease agreement and plat, signed by lot owner and tow business owner, indicating the spaces that will be leased. In addition, please supply the following information for the leased facility: Please indicate the maximum vehicle storage capacity you will lease.**

Lot Owner Name and Address (Street, City, State, Zip)	*Basic Business License Number*	*Maximum Vehicles Capacity*

(If additional space is required, use blank sheet of paper and attach it to the application.)

4. **List Tow Truck Operators, Employees, Agents, and Contractors:** Complete the following for all tow truck operators, employees, agents and contractors who will be involved in the towing business. (DOB (00/00/0000); Driver's License # (State and Number e.g. DC278089441)

Print Name	*Address (Street, City, State, Zip)*	*DOB*	*Driver's License #*	*SSN*

(If additional space is required, use blank sheet of paper and attach it to the application.)

5. **List Other Business Locations:** List all other addresses and phone numbers from which the towing business will operate. Each business location will require a Basic Business License. If other business location is the address of the storage lot, please apply for Tow Service Storage Lot license.

Address (Street, City, State, Zip)	*Phone*	*C of O*

(If additional space is required, use blank sheet of paper and attach it to the application.)

6. **List Tow Trucks to be licensed:** For new tow businesses, please indicate the following information. If new truck license only, please indicate tow business owner's basic business license number as indicated.

Primary Storage Lot Location	DMV Inspection #	Year	Make	Model	VIN #	Plate Number	Tow Business BBL #

(If additional space is required, use blank sheet of paper and attach it to the application.)

Conditional License Agreement

TO BE GRANTED A LICENSE, APPLICANT MUST AGREE TO THE FOLLOWING BY SIGNING BELOW.

1. To make no charge for public services rendered in excess of the fees indicated in DCMR 16, Chapter 4, Sec. 408.1
2. Ensure that the tow truck, used to provide towing services is equipped with emergency equipment required by the Towing Regulations, DCMR 16, Chapter 4, Sec. 404.10.

Signature of Applicant:_____ Date _____

NOTE: (1) If providing towing service from scene of an accident, a copy of an itemized receipt requested by DCMR 16, Chapter 406.1 through 406.6 of the Regulations and (2) Inspection certificate from the D.C. Department of Motor Vehicles for trucks not previously licensed.