

## JOINT TOWING BOARD TOW APPLICATION

The following list must be completed:	✓ when complete
1. Tow List Application Valid from July 1 to June 30 of Each Calendar Year (Due no later than May 15 of each year)	
a. All spaces must be filled in.	
b. Must sign in the presence of a Notary	
2. Copy of Tow Ordinance received?	
3. Treasurer's Receipt Form (for Town and/or County)	
4. Zoning Confirmation (Provide statement from the zoning office of the local government entity in which the towing business is located that the storage lot listed on the application meets all required zoning requirements)	
5. Applicant must provide the following:	
a. Verification of Insurance	
b. Garage Keepers Insurance	
c. Vehicle Liability Insurance	
d. Workers' Compensation (if applicable)	
e. Copies of all current DCJS Certifications for each driver	
f. Copies of valid Driver's License for each driver	
g. Business Card (Original or Copy)	
h. Vehicle Storage Lot Lease/Rental Agreement (if applicable)	
i. State Corporate Commission (SCC) License	
j. Valid Warren County and Town of Front Royal Business License	
k. Tow Company Rate Sheet (Provide a listing of your current rates)	
6. Wrecker Inspection	
a. A \$10.00 fee is required for each truck. (Do not pay fee until notified of approval) Once inspection is completed and you are notified of approval, the fee is payable to the Warren County Treasurer's Office and a Warren County Tow Sticker will be issued by the Joint Tow Board.	

SUBMIT TO: Front Royal-Warren County Joint Towing Advisory Board  
 ATTN: Secretary, Emily A. Mounce  
 220 N Commerce Avenue, Suite 100  
 Front Royal, Virginia 22630

## JOINT TOWING BOARD TOW APPLICATION CONTINUED

Business Name		Date	Date Business Established		Application Type		<input type="checkbox"/> Initial
							<input type="checkbox"/> Renewal
<b>Business Address</b>	Street		City		State	Zip	
<b>Business Telephone Numbers</b>	Daytime		from		AM to		PM
	Nighttime		from		PM to		AM

### OWNER(S)

Name of Owner/Agent/Corporate Office (Title)			VA Operators/Commercial Driver's License Number				
<b>Home Address</b>	Street		City		State	Zip	
<b>Telephone Numbers</b>	Home #		Cell #		Work #		

Please list previous tow companies owned, associated with, including business Name, Owner(s), Agent(s), Corporate Officer(s)

**If more than one Owner, Agent or Corporate Office, list each below:**

<b>Owner 2</b>	Name of Owner(s)/Agent(s) (Title)			VA Operators/Commercial Driver's License Number			
	<b>Home Address</b>	Street		City		State	Zip
	<b>Telephone Numbers</b>	Home #		Cell #		Work #	

Please list previous tow companies owned, associated with, including business Name, Owner(s), Agent(s), Corporate Officer(s)

<b>Owner 3</b>	Name of Owner(s)/Agent(s)			VA Operators/Commercial Driver's License #			
	<b>Home Address</b>	Street		City		State	Zip
	<b>Telephone Numbers</b>	Home #		Cell #		Work #	

Please list previous tow companies owned, associated with, including business Name, Owner(s), Agent(s), Corporate Officer(s)

### STORAGE LOT LOCATION(S)

<b>1</b>	Street		City		State	Zip
	Size and Security Features: (Describe in detail size, square footage, lighting, and any other security features)					
<b>2</b>	Street		City		State	Zip
	Size and Security Features: (Describe in detail size, square footage, lighting, and any other security features)					
<b>3</b>	Street		City		State	Zip
	Size and Security Features: (Describe in detail size, square footage, lighting, and any other security features)					

## WRECKER(S)

List all wreckers which will be provided, use additional sheet if necessary

<b>1</b>	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
<b>2</b>	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
<b>3</b>	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
<b>4</b>	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		

## INSURANCE

Business insurance policies, carriers and agents and limits of coverage. Attach copies of the certificate to this application.

<b>Vehicle Liability Policy</b>	Agent:	Does this Policy meet Virginia SCC Insurance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company		Policy Number	
Amount of Coverage		Coverage to Begin	Coverage to End
<b>Garage Keepers Policy</b>	Agent:	Does this Policy meet Virginia SCC Insurance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company		Policy Number	
Amount of Coverage		Coverage to Begin	Coverage to End
<b>Workers' Compensation (Employee Insurance)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this Policy meet Virginia SCC Insurance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company		Policy Number	
Amount of Coverage		Coverage to Begin	Coverage to End

## QUESTIONS

1. Will towing service be provided 24 hours per day, each day of the calendar year as required by the Towing Ordinance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you agree to give the Joint Tow Board immediate notification of any changes and/or modifications to your insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will you agree to indemnify, defend, and hold harmless all parties listed in Warren County Code Section 172-48(C)(2) and the Town of Front Royal Municipal Code Section 158-56(C)(2) from any and all claims, casualties, damages or injuries arising out of its actions pursuant to the agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will you accept reasonable responsibility for all personal property left in towed vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you give the Joint Tow Board permission to inspect your records that pertain to requested towing, storage of vehicles and personal effects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will you allow the Joint Tow Board to inspect towing equipment, storage facilities and security features of the lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you agree to make immediate notifications to the Joint Tow Board of any changes regarding the information furnished in this application? <b>(No changes are permissible without prior approval of the Joint Tow Board).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you agree that all information contained in this application is true and accurate and realize that any misrepresentation will cause denial of approval on the Front Royal-Warren County Joint Towing Advisory Board Towing List?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you realize that if approved and later it is determined that any information previously furnished on your application was false, will cause your immediate termination from the Joint Tow Board's Tow List?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you received a copy of the Law Enforcement Requested Towing Ordinance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you accept the terms of the Law Enforcement Requested Towing Ordinance in its entirety?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Applicant \_\_\_\_\_  
*Sign in presence of notary*

Name of Applicant (print) \_\_\_\_\_

Position at Business \_\_\_\_\_

**Certificate of Acknowledgment:**

City/County of \_\_\_\_\_ Commonwealth of Virginia I hereby certify that the foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_  
*Name of person seeking acknowledgment*

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Registration Number

**Notary Seal Required**

\_\_\_\_\_  
My commission expires

Submit to: Front Royal-Warren County Joint Towing Advisory Board  
ATTN: Secretary, Emily A. Mounce  
220 N Commerce Avenue, Suite 100  
Front Royal, Virginia 22630

JOINT TOWING BOARD USE			
<b>Application Received</b>	Date	Signature	Name
<b>Application Approved</b>	Date	Signature	Name
<b>Application Rejected</b>	Date	Signature	Name
	Reason for Rejection		
<b>Applicant Notified</b>	Date	Signature	Name

**ADDITIONAL WRECKERS**

	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
	Type	Make	Model	Towing Capacity (lbs)
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	Tag #	VIN		
	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		

**NAMES OF DRIVERS**

Name of Driver			VA Operators/Commercial Driver's License Number		
<b>Home Address</b>	Street	City	State	Zip	
<b>Telephone Numbers</b>	Home #	Cell #	Work #		
Name of Driver			VA Operators/Commercial Driver's License Number		
<b>Home Address</b>	Street	City	State	Zip	
<b>Telephone Numbers</b>	Home #	Cell #	Work #		
Name of Driver			VA Operators/Commercial Driver's License Number		
<b>Home Address</b>	Street	City	State	Zip	
<b>Telephone Numbers</b>	Home #	Cell #	Work #		
Name of Driver			VA Operators/Commercial Driver's License Number		
<b>Home Address</b>	Street	City	State	Zip	
<b>Telephone Numbers</b>	Home #	Cell #	Work #		