



*FOR OFFICE USE ONLY

*Acct. # _____

CITY OF BOWLING GREEN, KY ANNUAL TOW TRUCK/IMMOBILIZATION COMPANIES LICENSE

1017 College Street * P. O. Box 1410 * Bowling Green, KY 42102-1410
PH (270) 393-3000 * FAX (270) 393-3636 * Website www.bgky.org/finance/license

Under Chapter 15-7 of the City of Bowling Green Code of Ordinances any person or business engaging in the business of towing or immobilization of vehicles business shall pay a yearly license fee of fifty (50.00) dollars. This annual fee shall be due on Dec 15 for the period beginning **Jan. 1 through December 31** of each year.

Business Name _____ Phone _____

Address _____
(Street) (City) (State) (Zip)

Contact Person _____ Phone _____

Liability Insurance Company _____ Policy No. _____

ADDRESSES OF VEHICLE STORAGE FACILITIES FOR TOWED CARS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

TOWING & BOOTING FEE SCHEDULE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STORAGE FEE SCHEDULE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that all information on this application is true and correct.

_____	_____	_____
Print Name of Applicant	Signature of Applicant	Date

INFORMATION ABOVE THIS LINE AVAILABLE TO PUBLIC

INFORMATION BELOW THIS LINE IS CONFIDENTIAL

Entity Type: Individual Partnership Corporation Limited Liability Co. Limited Liability Partnership

Social Security No. _____
(Sole Proprietorship Only)

Federal ID Number _____

MAILING ADDRESS:

Phone No. _____

Cell Phone No. _____

Fax No. _____

CITY OF BOWLING GREEN, KENTUCKY ANNUAL TOW TRUCK/ IMMOBILIZATION CO LICENSE (Continued)

Owner/Partner/Corporate Officer information to be completed: (attach separate listing if more space is required)

Name: _____
Residence: _____
Social Security No: _____
Phone: _____ Date of Birth: _____

Name: _____
Residence: _____
Social Security No.: _____
Phone: _____ Date of Birth: _____

Name: _____
Residence: _____
Social Security No: _____
Phone: _____ Date of Birth: _____

Name: _____
Residence: _____
Social Security No.: _____
Phone: _____ Date of Birth: _____

Name: _____
Residence: _____
Social Security No: _____
Phone: _____ Date of Birth: _____

Name: _____
Residence: _____
Social Security No.: _____
Phone: _____ Date of Birth: _____

Enclosed is check or money order # _____ for \$ _____ made payable to City of Bowling Green

Please bill my Visa MasterCard Account # _____ Amt \$ _____

Expiration Date ____ - ____ - ____ Security Code (3 digits on back of card) _____

Authorized Signature as it appears on card _____

Printed name and address the Visa or MasterCard monthly statement is mailed to:

Name _____ Company If Applicable _____

Street Address or Post Office Box City State Zip Code

If paying by Visa or MasterCard, this form may be faxed to (270) 393-3636

Check if Minority Owned Business: (Optional, for statistical purposes only)

Female, Male, White, Black, Asian, Hispanic, American Indian