

**NON-REFUNDABLE**  
**CITY OF ST. CHARLES**  
 TWO EAST MAIN STREET  
 ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: (630) 377-4445

**TOWING LICENSE APPLICATION • This is Not a Contract**  
**Return this application to the Police Department, 211 N Riverside Avenue**

Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Address of Business \_\_\_\_\_

Applicant is:             Individual                             Partnership                             Corporation

List Applicant(s): Name            Address                            Phone                            Email                            Date of Birth

\_\_\_\_\_

\_\_\_\_\_

If Applicant is a Corporation, list names, addresses, offices held and date of birth for all officers and directors

Name                            Address                            Office                            Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of years business has been established in the City of St. Charles \_\_\_\_\_

Has Applicant (if partnership, any members thereof; or a corporation, the president or secretary thereof) ever been convicted of a felony? \_\_\_\_\_. If **Yes**, attach explanation to this Application.

Has Applicant submitted any prior application to tow for the City that has been revoked or suspended? \_\_\_\_\_

If **Yes**, attach explanation to this Application.

Does Applicant tow for any governmental agency in DuPage/Kane County?

If **Yes**, list governmental agencies and years of participation. \_\_\_\_\_

\_\_\_\_\_

State the business activities of this firm aside from participation in police towing activities. \_\_\_\_\_

\_\_\_\_\_

List the following for all attendants and drivers who will conduct the police towing service.

Name	Address	DL #	Yrs Employed w/Firm	Training Received	Class	Police Tow Experience
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\_\_\_\_\_

\_\_\_\_\_

Describe available equipment to be used in police towing services, particularly in terms of comparative qualities or capacities as related to minimum eligibility requirements. \_\_\_\_\_

Method of payment : \_\_\_\_\_ Cash \_\_\_\_\_ Check

Describe the communication system between the place of business and operating tow truck as well as the means utilized for ensuring prompt dispatch of trucks upon receipt of police department calls. \_\_\_\_\_

Describe the primary business location, including dimension and types of facilities available. \_\_\_\_\_

List storage lot location(s), zoning classifications, dimensions, relationship to primary business operation and type of protection provided at each lot. \_\_\_\_\_

Name, address and phone of the building or property owner, if not the Applicant, where business will be operated. \_\_\_\_\_

If property is leased, give length of lease and date lease expires. \_\_\_\_\_

Name, address and phone of insurance company. \_\_\_\_\_

Description and amount of insurance. \_\_\_\_\_

Policy Number. \_\_\_\_\_

**Note:** By signing this application, the Applicant agrees to all the provision of Chapter 10.58 of the Municipal Code of the City of St. Charles.

Applicant Signature: \_\_\_\_\_

<b>For Office Use Only</b>	
Investigation Date _____	Investigator _____
Recommendation _____	
_____	
_____	
Approval Date _____	Approved By _____