



City of Burbank  
 Community Development Department  
**BUILDING & SAFETY DIVISION**  
 150 N. Third Street, Burbank, CA 91502  
 818-238-5280

Account No.: _____
BL _____

**TOW TRUCK BUSINESS APPLICATION**

PLEASE PRINT Date of Application: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Start Date of Business in Burbank: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
 Number of trucks: \_\_\_\_\_ Hours of operation: \_\_\_\_\_  
 Description of services to be provided: \_\_\_\_\_

TYPE OF OWNERSHIP:  Sole Proprietor  Corporation  Partnership  Ltd. Partnership  LLC  
 (For initial application or changes, please provide new partnership agreement or articles of incorporation)  
 Federal Tax ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

OWNER INFORMATION :\_Names and addresses of owners, partners, principals or officers *(Complete separate Personal Information Form for each Principal)*:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and address of responsible managing officer:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

For corporations, the name and address of designated agent for service of process:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Address of Property Owner and Lessor of the Tow Operation Address: (Provide copy of lease)  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

STORAGE LOT: Provide information about the location, area of available space and number of disabled vehicles the applicant can properly accommodate and protect at their place of business.		
LOT ADDRESS	AVAILABLE AREA	NUMBER OF VEHICLES

LIST OF TOW TRUCKS						
YEAR	MAKE	MODEL	COLOR	GVW	VIN #	LICENSE #

LIST OF TRUCK OPERATORS – EMPLOYEES AND INDEPENDENT CONTRACTORS (Each driver needs to complete a separate Driver Application form)

NAME	HOME ADDRESS	PHONE	DRIVER'S LICENSE

I hereby authorize the City of Burbank, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of the applicant(s) for this license and permit. Also, I hereby certify under penalty of perjury that for foregoing information is true and correct, and I understand any false or withheld information is grounds for denial and/or revocation of this business license or permit and for prosecution for the crime of perjury:

Signature of Owner \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_