



City of Burbank
Community Development Department
150 North Third Street, P.O. Box 6459, Burbank, California, 91510-6459
www.burbankca.gov

BUSINESS LICENSE RENEWAL

ATTENTION: TOW TRUCK BUSINESS OPERATORS

Please complete and return the enclosed application and forms by July 31 of this year:

- Tow Operation Renewal Application
- If any of the principals of the business act as Tow Unit Operators, they must also complete a Personal Information for Tow Unit Operators (Drivers) form.

In addition to the completed forms above, please include:

- A copy of your current California Driver's License
- Proof of current insurance required by Burbank Municipal Code Sec. 3-4-517 (copy attached) with the Additional Insured Endorsement for each insurance policy
- If principal is also a Tow Unit Operator (Driver), include two passport photos taken within the last 60 days
- Renewal payment

For assistance, please contact us at 818-238-5280.

Thank you,

BUILDING & SAFETY DIVISION
Community Development Department



**CITY OF BURBANK
BUILDING 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 (if different) _____

TYPE OF OWNERSHIP:

Sole Proprietor Corporation Partnership Limited Partnership LLC Other _____

For initial application or changes, please provide copy of new partnership agreement or articles of incorporation

Federal Tax ID Number _____ Start Date of Business in Burbank _____

Number of Employees _____ Number of trucks _____

Hours of operation: _____

Description of services to be provided _____

OWNER INFORMATION

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

Name	Title	Address, City, State, Zip	Phone

Name and address of responsible managing officer:

Name	Title	Address, City, State, Zip	Phone

For corporations, the name and address of designated agent for service of process:

Name	Title	Address, City, State, Zip	Phone

Names and Address of Property Owner and Lessor of the above Tow Operation Address: (Provide copy of lease)

Name	Title	Address, City, State, Zip	Phone

Name of Insurance Company and Policy

Name	Policy#	Address, City, State, Zip	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

