



DEPARTMENT OF CONSUMER AND
WORKER PROTECTION (DCWP)
LICENSING CENTER
42 Broadway, Lobby
New York, NY 10004

NYC SMALL BUSINESS
SUPPORT CENTER
90-27 Sutphin Blvd, 4th Floor
Jamaica, NY 11435

By Appointment Only Hours:

Monday-Thursday: 8 a.m. – 4 p.m.
Last appointment: 3:30 p.m.

By Appointment Only Hours:

Tuesday-Thursday: 8 a.m. – 4 p.m.
Last appointment: 3:30 p.m.

TOW TRUCK COMPANY – RENEWAL APPLICATION SUPPLEMENT

Business Name:	
Doing-Business-As (DBA)/Trade Name:	
Business Address: (No P.O. Boxes)	
Business Contact Name:	
Telephone Number:	
Fax Number:	
Email Address:	

You must answer all questions completely. Failure to provide truthful and/or complete answers and applicable supporting documentation may result in denial of the application, voiding of the license, and/or enforcement action.

Reminder: If any information has changed (e.g., change of officer or ownership, address, business name, etc.), please call the Special Applications Unit for further instructions at (212) 487-2353. You must complete required amendment forms.

Please refer to this Key to answer questions:

- **“Applicant”** means any corporation, partnership, or sole proprietor applying for a license.
- **“Person”** means any officer, owner, member, director, stockholder with an interest of 10% or more, partner, or any individual with a beneficial interest in the applicant.
- **“Beneficial Interest”** means profit, benefit, or advantage resulting from a business regardless of whether the individuals who enjoy such profit, benefit, or advantage hold formal ownership or title in the applicant.

If you answer “Yes” for any of the questions, please provide requested description. If you need more space, attach additional papers as necessary. Also attach any supporting documentation.

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1. Are there any other businesses operating at this business address?

Yes No

If Yes, please complete the information below.

Business Name	Business Type	DCWP License Number (if applicable)

2. Provide information on *all* general partners and *all* corporate officers and *each* shareholder owning 10% or more of the business. Note: Limited Liability Companies must provide information on *all* members.

Last and First Names	Social Security or Individual Taxpayer Identification Number <i>(if a Sole Proprietor or General Partnership)</i>	Mailing Address	Title	% Stock

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3. Does any individual listed in “2” hold a beneficial interest in any other tow truck company or companies?

Yes No

If Yes, provide the information below.

Individual Name	Name of Other Tow Truck Company	Address of Tow Truck Company	DCWP License Number

4. Does any individual listed in “2” have a beneficial interest in any automobile repair shop(s) or body shop(s)?

Yes No

If Yes, please provide the information below.

Name of Facility:		
Department of Motor Vehicles (DMV) Permit:	DCWP License Number, if applicable:	Name of Individual:
Please enter the Federal Employer Identification Number (EIN):		
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
If you do not have an EIN, enter individual's Social Security number:		
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Enter the New York State Sales Tax Identification Number from the Certificate of Authority:		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/>		



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5. My business is a participant in the following program(s):

- Directed Accident Response Program (DARP)
Rotation Tow Program (ROTOW)
None of the above

If your company is in the DARP or ROTOW programs and you store towed vehicles at an additional location, please provide the address of the additional storage location below.

Form with three sections: Corporation Name/Business Name, Doing-Business-As (DBA)/Trade Name, Business Address (No P.O. Boxes)

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

This form must be signed by an owner (e.g., corporate officer, member, director, stockholder with an interest of 10% or more, partner, or any individual with a beneficial interest in the applicant).

Signature

Print Title/Position

Print Full Name

Date