

City of Crystal Lake
Vehicle Towing Program Application

Date_____

OWNER INFORMATION

Towing firm owner name_____

Date of birth_____ Home telephone number_____

Home address_____

BUSINESS INFORMATION

Business name_____

Business address_____

Business telephone number_____

- Business is a
- Individual Proprietorship
 - Joint Venture
 - Partnership
 - Corporation

Number of years doing business in Crystal Lake_____

Has the towing firm received any commendations or written complaints from any governmental agency in conduct of said business within the last five (5) years.

YES NO

If YES, explain in detail on a separate sheet of paper.

State any business activities aside from participation in police towing services.

Is the firm a member in good standing of the Professional Towing and Recovery Operators of Illinois or similar professional trade association.

YES NO

If applicable, provide names, dates of birth, home addresses, and home telephone numbers of all business partners, officers, and directors.

<u>Name</u>	<u>DOB</u>	<u>Address</u>	<u>Home telephone</u>
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Has the applicant, business, or member of the business ever had a towing business license or contract revoked, suspended, or cancelled. YES NO

If YES, explain in full detail on a separate sheet of paper.

Does the business currently hold a license or have a contract with any other municipal, county, or state agency for towing service. YES NO

If YES, explain in full detail on a separate sheet of paper.

STORAGE FACILITY

Secure Outside Storage

Location _____

Total square feet available for police related storage _____

Approximate number of vehicle spaces available for police related storage _____

Describe type of security _____

Secure Inside Storage

Location _____

Total square feet available for police related storage _____

Approximate number of vehicle spaces available for police related storage _____

Describe type of security _____

TOWING VEHICLES

UNIT 1

Make _____ Model _____ Year _____

Registration number _____ Vehicle identification number _____

Current expiration of safety test _____ Gross vehicle weight _____

Winch capacity _____ Boom capacity _____ Wheel lift capacity _____

Tow body or Flatbed

Meets all tow truck requirements under the Illinois Vehicle Code. YES NO

Vehicle is licensed by Illinois Secretary of State for towing operation. YES NO

UNIT 2

Make _____ Model _____ Year _____

Registration number _____ Vehicle identification number _____

Current expiration of safety test _____ Gross vehicle weight _____

Winch capacity _____ Boom capacity _____ Wheel lift capacity _____

Tow body or Flatbed

Meets all tow truck requirements under the Illinois Vehicle Code. YES NO

Vehicle is licensed by Illinois Secretary of State for towing operation. YES NO

UNIT 3

Make _____ Model _____ Year _____

Registration number _____ Vehicle identification number _____

Current expiration of safety test _____ Gross vehicle weight _____

Winch capacity _____ Boom capacity _____ Wheel lift capacity _____

Tow body or Flatbed

Meets all tow truck requirements under the Illinois Vehicle Code. YES NO

Vehicle is licensed by Illinois Secretary of State for towing operation. YES NO

UNIT 4

Make _____ Model _____ Year _____

Registration number _____ Vehicle identification number _____

Current expiration of safety test _____ Gross vehicle weight _____

Winch capacity _____ Boom capacity _____ Wheel lift capacity _____

Tow body or Flatbed

Meets all tow truck requirements under the Illinois Vehicle Code. YES NO

Vehicle is licensed by Illinois Secretary of State for towing operation. YES NO

UNIT 5

Make _____ Model _____ Year _____

Registration number _____ Vehicle identification number _____

Current expiration of safety test _____ Gross vehicle weight _____

Winch capacity _____ Boom capacity _____ Wheel lift capacity _____

Tow body or Flatbed

Meets all tow truck requirements under the Illinois Vehicle Code. YES NO

Vehicle is licensed by Illinois Secretary of State for towing operation. YES NO

UNIT 6

Make _____ Model _____ Year _____

Registration number _____ Vehicle identification number _____

Current expiration of safety test _____ Gross vehicle weight _____

Winch capacity _____ Boom capacity _____ Wheel lift capacity _____

Tow body or Flatbed

Meets all tow truck requirements under the Illinois Vehicle Code. YES NO

Vehicle is licensed by Illinois Secretary of State for towing operation. YES NO

TOWING FIRM OPERATOR ROSTER

Full name _____ Date of birth _____

Home address _____

Home telephone _____ Number of years employed by the firm _____

Driver License #, state & classification _____

Full name _____ Date of birth _____

Home address _____

Home telephone _____ Number of years employed by the firm _____

Driver License #, state & classification _____

Full name _____ Date of birth _____

Home address _____

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Home address _____

Home telephone _____ Number of years employed by the firm _____

Driver License #, state & classification _____

Attached to this application is the City of Crystal Lake Vehicle Towing Program Policy. I have read this policy and affirm that my towing firm meets all the requirements set forth in this policy. I further agree to perform the duties as required and set forth in this policy.

Applicant signature _____ Date _____

Approved _____

Denied _____

Chief of Police _____ Date _____