

Receipt No. _____ Amount _____ License No. _____

Fee: \$100.00 Account No. 101.030.649 \$15.00 Record Check Fee Account No. 101.030.7460

Application for Motor Vehicle Towing License – City of Racine, WI

Date _____

Expires June 30, current year

I hereby certify that I am owner, partner, or corporate officer of business applying for motor vehicle towing license, and further certify that I have met all licensing requirements as outlined in Sec. 22-831 through 22-840 of the Racine Municipal Code, and that inspection certificates of motor vehicles being used are attached.

Name of Towing Company _____

Business Address _____ Zip Code _____

Yard Address (if different than business address) _____

Individual (Name of Applicant) _____

Home Address _____ Phone No. _____

Partnership (Name, addresses, and phone numbers of partners:

Name	Address	Phone No.

Corporation Name _____

Names, addresses, and phone numbers of officers:

Title	Name and Address	Phone No.
President		
Vice-President		
Secretary		
Treasurer		

Name, address, and phone number of person in charge:

_____ Phone No. _____

* Insurance Underwriter: _____

Signature of Applicant

Date of Birth

* Attach insurance certificate