



**Palm Beach County, Florida**  
 Board of County Commissioners  
 Public Safety Department  
 Consumer Affairs Division  
 50 South Military Trail, Suite 201  
 West Palm Beach, FL 33415  
 (561) 712-6600 (Main Office)  
 Boca/Delray/Glades Toll Free 1-888-852-7362  
 Fax: (561) 712-6610  
 Website: [www.pbcgov.com/consumer](http://www.pbcgov.com/consumer)

### Application Towing Operating Permit and Vehicle Decal(s)

In accordance with the provisions of the Americans with Disabilities Act, this application may be requested in an alternative format. Please contact the Consumer Affairs Division.

Annual Business Application Fee for Non-Consent Towers.....\$600  
 Annual Business Application Fee for Consent-Only Towers\* .....\$300  
 Annual Vehicle Decal Fee (each vehicle) .....\$150/vehicle  
 Annual Storage Yard Fee (each yard) .....\$100/facility  
 Florida Dept. of Law Enforcement fee .....\$24\*\*

\*Companies with "Consent-Only" operating permits are prohibited from performing non-consent towing services.

\*\*For each individual owner, corporate president or general/limited partners and corporate officers/directors having 25 percent or greater ownership of the company. Each described person must complete attached (FDLE) Florida Department of Law Enforcement form. The FDLE background check is normally required once every two years.

Please Type or Print In Ink

	Amount Due	
Annual Business Application Fee for Non-Consent Towers	\$600	
or		
Annual Business Application Fee for Consent-Only Towers	\$300	
Decal Fee for each towing vehicle	\$150 x Vehicles	
Inspection Fee for each storage yard	\$100 x Storage Yards	
FDLE Fee(s) at \$24 (**For owner/president or each partner)	\$24 x Owner/prtnrs.	
<b>Amount enclosed: \$</b>		

**Make check or money order payable to the Board of County Commissioners (Cash not accepted). Visa, MasterCard or Discover credit cards are also accepted for payment.**

**ALL FEES ARE NON – REFUNDABLE**

**PLEASE NOTE:** Failure to provide the requested information and documentation will result in a processing delay and the disapproval of your application until such time that the requested information has been provided.

**A. Towing Business Information**

Name of Business: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Physical Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Business phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web site address: \_\_\_\_\_  
Business Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Federal tax identification number: \_\_\_\_\_

**B. Business Ownership Information: Please complete only one of the three sections below - the one that describes your type of business organization. Please note - a Post Office Box will not be accepted as a business or home address. Please check box noting present legal status of towing company.**

- Sole Proprietorship (Individual) - **complete section 1 only** (Page 2)
- Partnership - **complete section 2 only** (Pages 2-3)
- Corporation - **complete section 3 only** (Pages 3-4)

**Section 1. SOLE PROPRIETORSHIP (INDIVIDUAL) OWNER (Not a partnership or corporation):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Section 2. PARTNERSHIP:**

**a. General Partners (Use additional paper if necessary)**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**b. Limited Partners** (Use additional paper if necessary)

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Section 3. CORPORATION:** (Use additional paper if necessary)

**Corporate Officers:**

**President:** \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Vice President:** \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ -Mail Address: \_\_\_\_\_

**Secretary:** \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Director:** \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Registered Agent:** \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**C. Partnership or Corporation Documentation:**

Please attach a copy of the firm's partnership agreement or articles of incorporation, AND State of Florida corporate registration if you are applying as a partnership or corporation. Failure to provide the requested information and documentation will result in the disapproval of your operating permit until such time that the requested information has been provided.

**D. Palm Beach County Business Tax Receipt:**

Please attach a copy of your current Palm Beach County Business Tax receipt. Failure to have a current Palm Beach County Business Tax receipt will result in the disapproval of your operating permit until such time that it is obtained.

**E. Trade Names:**

Do you (individual), the partnership or corporation currently operate or have previously operated under any business name other than the name you are presently using?

YES  NO

If yes, please list such names: \_\_\_\_\_

**F. Fictitious Name**

Please attach a copy of the Fictitious Name Registration if you are currently doing business under a name other than your true name. Failure to provide the requested information and documentation will result in the disapproval of your operating permit until such time that the requested information has been provided.

State of Florida Fictitious Name Registration Number: \_\_\_\_\_

**G. Administrative or Enforcement Actions**

Do you (including owner(s), partners with 25% or more ownership, corporate president) or does your company have a record of any unsatisfied civil fines or penalties arising out of an administrative or enforcement action brought by the Palm Beach County Consumer Affairs Division, another governmental agency, or a private person based upon conduct involving a violation of Palm Beach County Chapter 19 – Article VIII or other towing regulations?

YES  NO

If "YES", explain: \_\_\_\_\_

**H. Pending Legal Action**

Do you (including owner(s), partners with 25% or more ownership, corporate president) or does your company have a record of any pending criminal, administrative, or enforcement proceedings in any jurisdiction based upon conduct involving a violation of Palm Beach County Chapter 19 – Article VIII or other towing regulations?

YES  NO      If "YES", explain: \_\_\_\_\_

**I. Judgments**

Is there any judgment against you (including owner(s), partners with 25% or more ownership, corporate president) or your company arising out of the activity of recovery, towing or removing a vehicle/vessel or providing storage in connection therewith remains unsatisfied, unless a stay or reversal of the judgement has been procured through the courts?

[ ] YES [ ] NO

If "YES", explain: \_\_\_\_\_

**J. Dispute Contact: (Person for the public to contact should there be a consumer dispute with your business)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_ Contact fax:(\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**K. Days and Hours of Operation**

List the days and hours your business office(s)/storage facilities are open to the public (exclusive of holidays):

Sunday: From \_\_\_\_\_ to \_\_\_\_\_ Total staff: \_\_\_\_\_

Monday: From \_\_\_\_\_ to \_\_\_\_\_ Total staff: \_\_\_\_\_

Tuesday: From \_\_\_\_\_ to \_\_\_\_\_ Total staff: \_\_\_\_\_

Wednesday: From \_\_\_\_\_ to \_\_\_\_\_ Total staff: \_\_\_\_\_

Thursday: From \_\_\_\_\_ to \_\_\_\_\_ Total staff: \_\_\_\_\_

Friday: From \_\_\_\_\_ to \_\_\_\_\_ Total staff: \_\_\_\_\_

Saturday: From \_\_\_\_\_ to \_\_\_\_\_ Total staff: \_\_\_\_\_

**L. Previous Towing Business Associations**

List the names of any other corporation, entity or trade name through which any owner, general partner, director or officer did business as a tower within the past five years:

Person's name: \_\_\_\_\_ Towing Company: \_\_\_\_\_

Address: \_\_\_\_\_ When: \_\_\_\_\_

Person's name: \_\_\_\_\_ Towing Company: \_\_\_\_\_

Address: \_\_\_\_\_ When: \_\_\_\_\_

Person's name: \_\_\_\_\_ Towing Company: \_\_\_\_\_

Address: \_\_\_\_\_ When: \_\_\_\_\_

(Use additional paper if necessary)

**M. Types of Towing Services Provided:**

Check the types of towing services your company provides:

- Non-Consent Private Property Impounds
- Non-Consent Police Directed Tows
- Consent-Only Tows

List the names of all law enforcement agencies or government entities with which your company has a contract or your company is on a rotation list to provide Non-Consent “Police Directed Tows”:

	Agency	Contact Person	Contract or Rotation?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

(Use additional paper if necessary)

**N. Insurance**

Please have **your insurance company/agent** fax, e-mail or send by U.S. Mail the required certificate of insurance for your business **PRIOR TO SUBMISSION OF APPLICATION**. All insurance policies must be issued by companies authorized and qualified to do business in the State of Florida. No policy shall be accepted which is less than a six (6) month duration.

Insurance certificate **MUST:**

- 1) Be endorsed to provide for thirty (30) days written notice to the Division of any non-renewal of the policy or at least ten (10) days written notice to the Division of any cancellation/non-payment of the policy (Palm Beach County Chapter 19 – Article VIII, Section 19-187)
- 2) List each towtruck (year, make and vehicle identification number- VIN number) to be registered with Consumer Affairs
- 3) The certificate of insurance must contain the following name and address as Certificate Holder:  
Board of County Commissioners of Palm Beach County  
c/o Division of Consumer Affairs  
50 South Military Trail, Suite 201  
West Palm Beach, FL 33415

**(Check the types of insurance you will be providing)**

<b>Auto liability for each Consent-Only towtruck</b>	
For Class A or Light Duty towtrucks used exclusively for Consent-Only Towing:	
<input type="checkbox"/> Combined single limit .....	\$100,000
<input type="checkbox"/> or Split limits .....	\$100,000/\$300,000/\$50,000
For all other Consent-Only towtrucks	
<input type="checkbox"/> Combined single limit .....	\$500,000
<input type="checkbox"/> or Split limits .....	\$500,000/\$500,000/\$100,000
<b>Auto liability for each Non-Consent towtruck</b>	
For Class A – Light Duty Non-Police towtrucks:	
<input type="checkbox"/> Combined single limit .....	\$300,000
<input type="checkbox"/> or Split limits .....	\$250,000/\$500,000/\$100,000
For all other non-consent towtrucks	
<input type="checkbox"/> Combined single limit .....	\$500,000
<input type="checkbox"/> or Split limits .....	\$500,000/\$500,000/\$100,000
<b>General/Garage liability</b>	
For towtruck operators performing only consent tows:	
<input type="checkbox"/> Combined single limit .....	\$100,000
<input type="checkbox"/> or Split limits .....	\$100,000/\$300,000/\$50,000
For towtruck operators performing only private property impounds:	
<input type="checkbox"/> Combined single limit .....	\$300,000
<input type="checkbox"/> or Split limits .....	\$250,000/\$500,000/\$100,000
For all other towtruck operators:	
<input type="checkbox"/> Combined single limit .....	\$500,000
<input type="checkbox"/> or Split limits .....	\$500,000/\$500,000/\$100,000
<b>Garage keeper's liability</b>	
<input type="checkbox"/> For any one vehicle.....	\$50,000
<input type="checkbox"/> Per occurrence .....	\$100,000
Companies which do not have a storage facility or are not responsible for the care, custody and control of vehicles (except when vehicles are actually being towed) are exempt from this requirement.	
<input type="checkbox"/> <b>On-Hook cargo liability coverage for each vehicle .....</b>	<b>\$50,000</b>
<input type="checkbox"/> <b>Worker's Compensation.....</b>	<b>According to state law</b>

**O. Vehicle Identification – Please attach a copy of the registration for each vehicle.**

1.	_____ Year/Make/Model	_____ Vehicle I.D. Number	_____ Gross weight
	_____ Tag Number	_____ Tag Expiration Date	Class: ___A ___B ___C ___D
2.	_____ Year/Make/Model	_____ Vehicle I.D. Number	_____ Gross weight
	_____ Tag Number	_____ Tag Expiration Date	Class: ___A ___B ___C ___D
3.	_____ Year/Make/Model	_____ Vehicle I.D. Number	_____ Gross weight
	_____ Tag Number	_____ Tag Expiration Date	Class: ___A ___B ___C ___D
4.	_____ Year/Make/Model	_____ Vehicle I.D. Number	_____ Gross weight
	_____ Tag Number	_____ Tag Expiration Date	Class: ___A ___B ___C ___D
5.	_____ Year/Make/Model	_____ Vehicle I.D. Number	_____ Gross weight
	_____ Tag Number	_____ Tag Expiration Date	Class: ___A ___B ___C ___D
6.	_____ Year/Make/Model	_____ Vehicle I.D. Number	_____ Gross weight
	_____ Tag Number	_____ Tag Expiration Date	Class: ___A ___B ___C ___D
7.	_____ Year/Make/Model	_____ Vehicle I.D. Number	_____ Gross weight
	_____ Tag Number	_____ Tag Expiration Date	Class: ___A ___B ___C ___D
8.	_____ Year/Make/Model	_____ Vehicle I.D. Number	_____ Gross weight
	_____ Tag Number	_____ Tag Expiration Date	Class: ___A ___B ___C ___D
9.	_____ Year/Make/Model	_____ Vehicle I.D. Number	_____ Gross weight
	_____ Tag Number	_____ Tag Expiration Date	Class: ___A ___B ___C ___D
10.	_____ Year/Make/Model	_____ Vehicle I.D. Number	_____ Gross weight
	_____ Tag Number	_____ Tag Expiration Date	Class: ___A ___B ___C ___D

Use additional paper if needed

**P. Towtruck Driver Information**

Please provide the following information for each towtruck driver working on a contract, lease, part-time or full-time with your company. Each driver listed with your company must have a Palm Beach County tow driver identification badge.

Total number of towtruck drivers: \_\_\_\_\_

**[NOTE: YOU MUST PROVIDE A STREET ADDRESS. POST OFFICE BOXES OR OTHER BOXES WILL NOT BE ACCEPTED.]**

	<b>TOW TRUCK DRIVER'S NAME/ TELEPHONE NUMBER</b>	<b>HOME ADDRESS/ CITY, STATE ZIP</b>	<b>DRIVER'S LICENSE NUMBER &amp; EXPIRATION DATE</b>	<b>DATE OF BIRTH</b> mm/dd/yyyy	<b>DRIVER'S PERMIT NUMBER (TD#)</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Use additional paper if necessary.

**Q. Storage Facilities/Branch Offices**

Provide information on all storage facilities and branch offices you operate:

1. \_\_\_\_\_ [ ] Storage [ ] Branch  
Name of Storage

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Area Code/Telephone Fax number Name of contact person

Days/Hours of Operation for this facility: \_\_\_\_\_

Staffed by \_\_\_\_\_ employees during these hours. Indoor Storage \_\_\_\_\_ Outdoor Storage \_\_\_\_\_

2. \_\_\_\_\_ [ ] Storage [ ] Branch  
Name of Storage

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Area Code/Telephone Fax number Name of contact person

Hours/Days of Operation for this facility: \_\_\_\_\_

Staffed by \_\_\_\_\_ employees during these hours. Indoor Storage \_\_\_\_\_ Outdoor Storage \_\_\_\_\_

3. \_\_\_\_\_ [ ] Storage [ ] Branch  
Name of Storage

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Area Code/Telephone Name of contact person

Hours/Days of Operation for this facility: \_\_\_\_\_

Staffed by \_\_\_\_\_ employees during these hours. Indoor Storage \_\_\_\_\_ Outdoor Storage \_\_\_\_\_

4. \_\_\_\_\_ [ ] Storage [ ] Branch  
Name of Storage

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Area Code/Telephone Name of contact person

Hours/Days of Operation for this facility: \_\_\_\_\_

Staffed by \_\_\_\_\_ employees during these hours. Indoor Storage \_\_\_\_\_ Outdoor Storage \_\_\_\_\_

**R. Current rates charged for recovering, towing or removing vehicles/vessels  
(For companies performing non-consent towing services only)**

Provide the current rates your company charges for performing non-consent tows (recovering, towing or removing vehicles). Companies performing non-consent tows must keep on record with the Consumer Affairs Division a complete copy of all current rates being charged to vehicle/vessel owners or designated agents. If your rates change, then a revised copy must be provided to Consumer Affairs.

**Private Property Impound Tow**

Class A: \_\_\_\_\_ Class B: \_\_\_\_\_ Class C: \_\_\_\_\_ Class D: \_\_\_\_\_

**Police Directed Tow**

Class A: \_\_\_\_\_ Class B: \_\_\_\_\_ Class C: \_\_\_\_\_ Class D: \_\_\_\_\_

**Per mile fee for Police Directed Tow**

Class A: \_\_\_\_\_ Class B: \_\_\_\_\_ Class C: \_\_\_\_\_ Class D: \_\_\_\_\_

**Daily outdoor storage (vehicles 25' or less):** \_\_\_\_\_

**Daily outdoor storage (vehicles longer than 25'):** \_\_\_\_\_

**Daily outdoor storage (motorcycles, ATV's, scooters, etc.):** \_\_\_\_\_

**Daily indoor storage (vehicles 25' or less):** \_\_\_\_\_

**Daily indoor storage (vehicles longer than 25'):** \_\_\_\_\_

**Daily indoor storage (motorcycles, ATV's, scooters, etc.):** \_\_\_\_\_

**Administrative/Lien Fee:** \_\_\_\_\_

**Late Hour Gate Fee:** \_\_\_\_\_

**Underwater recovery:** \_\_\_\_\_ (plus actual costs per hour)

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**This page must be completed and signed by each individual applicant, corporate president or vice president and all general/limited partners and corporate officers/directors having 25 percent or greater ownership of the company. (Please make copy of this page as necessary, for each person needing to sign)**

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State of Florida  
County of Palm Beach

Have you been found guilty, pled guilty or pled nolo contendere of any of the following crimes within the last 10 years (regardless of the adjudication of guilty): repossession of a motor vehicle under Chapter 493, F.S., repair of a motor vehicle under ss.559.901-559.9221, F.S., theft of a motor vehicle under s.812.014, F.S., carjacking under s. 812.133, F.S., operation of a chop shop under s.812.16.F.S., failure to maintain records of motor vehicle parts and accessories under s. 860.14, F.S., airbag theft or use of fake airbags under s.860.145 or s. 860.146, overcharging for repairs and parts under 860.15, F.S., or violation of the towing or storage requirements for a motor vehicle under s. 321.051, F.S., Chapter 323, F.S., s. 713.78, F.S., s. 715.07, F.S., or any felony where use of a vehicle was involved in theft of property?

[ ] YES [ ] NO

**The undersigned certifies that:**

- 1) The information provided on the "Application for Towing Operating Permit" and the information provided on this form is true and correct to the best of my knowledge and belief.
- 2) Each towtruck used in providing towing services for my/our towing business is commercially manufactured, meets the Palm Beach County Chapter 19 – Article VII specifications, is in safe operating condition and receives routine service/maintenance.
- 3) I agree to abide by Palm Beach County Chapter 19 – Article VIII and the Laws of the State of Florida.

**Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_  
(individual, partner, corporate officer)

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Workers' Compensation Compliance Letter**

Date: \_\_\_\_\_

To: Palm Beach County Consumers Affairs Division

From: \_\_\_\_\_

\_\_\_\_\_ does not currently carry Workers'  
(Name of Towing Company)

Compensation insurance, however, our towing company is in full compliance with the requirements of Florida Statute Chapter 440, "Workers' Compensation" and Palm Beach County Chapter 19 – Article VIII.

\_\_\_\_\_ understands and agrees that it must  
(Name of Towing Company)

comply with the requirements of this State Statute and Palm Beach County Chapter 19 – Article VIII at all times while providing towing services in Palm Beach County and will purchase the required insurance coverage whenever failure to do so would cause our towing company to not be in compliance with the requirements of this statute. We agree to immediately provide proof of said insurance to the Palm Beach County Consumer Affairs Division.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print title

\_\_\_\_\_  
Signature





**PALM BEACH COUNTY**  
**PUBLIC SAFETY DEPARTMENT**  
*Enhancing the safety and well-being of our community*  
**CONSUMER AFFAIRS**  
50 South Military Trail  
Suite 201  
West Palm Beach, FL 33415  
561-712-6600  
Fax: 561-712-6610

**Credit Card Authorization Form**

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Card Number ( <b>LAST 4 DIGITS ONLY</b> ): _____ Once the completed form is received, customer will be contacted to provide the 12 digits from card number over the phone and the 3 digit CVV#.
Expiration Date (mm/yy): _____
Billing Address: _____
City/State/Zip: _____

I, \_\_\_\_\_, authorize the use of the credit card below for payment in full of \$ \_\_\_\_\_ for \_\_\_\_\_.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date