

# TOWNSHIP OF WARMINSTER

## Warminster Police Department

### WARMINSTER TOWNSHIP DUTY TOW APPLICATION

Business Name and Type (i.e. Corp, Partnership, LLC): \_\_\_\_\_

Warminster Business Address: \_\_\_\_\_

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

Warminster Location Work Phone#: \_\_\_\_\_

Normal Business Hours at Warminster Location: \_\_\_\_\_

24 Hour Duty Tow Phone Number (Used by Police to Activate a Call for Service): \_\_\_\_\_

**All Owners Listed (Own 10% of business or greater) (Include additional owners on separate-sheet):**

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

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

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

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Business Insurance Carrier: \_\_\_\_\_

Policy#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Copy of All Current Insurance Policies and limits attached (see Twp Ord 714, Sec 805.A(10)): ☐ Yes

Township Business Location is equipped with appropriate storage/impound lot: ☐ Yes

Proof of Storage/Impound Lot attached (i.e. Valid deeds or lease paperwork, Photos of lot) ☐ Yes

Size and dimensions of storage lot(s) in township: \_\_\_\_\_

Number of vehicles that can be held at one time in storage lot(s) (Minimum of 20 vehicles):

Are lot(s) completely fenced in or walled in with at least a 6 foot fence ☐ Yes

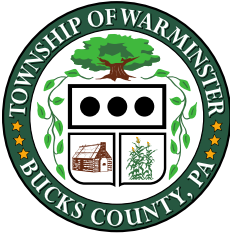
List any additional security measures your Warminster location has:

Storage/Impound Lot is wholly located in Warminster Township. ☐ Yes

Photos of interior and exterior of business & lot are attached to include business signs: ☐ Yes

Proof of most current business taxes paid to Warminster Township attached: ☐ Yes

Description of Service Office Space (i.e Number of office staff, business hours, system for on call access to vehicles by owners during normal business hours within 30 minutes, and system in which owner of vehicle can contact tow company to retrieve the vehicle and/ or personal property):



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Total number of properly equipped and available tow trucks operated by Warminster location (Minimum of 2, 1 flat bed and 1 wheel lift, or standard tow vehicle): \_\_\_\_\_

(Please refer to Township Ordinance 714, Section 806 for equipment requirements)

Copy of appropriate current registration and insurance for all tow vehicles attached: ☐ Yes

List and give a brief description and quantity of each type of tow vehicle that will be available to the Township if needed (i.e. Flatbed, Tow Truck, Heavy Tow Truck): \_\_\_\_\_

**Note: If a vehicle is unavailable for more than 30 days or a new one is acquired, written notification must be provided to Warminster Police Department within 30 days.**

List and provide all employee-drivers who may operate duty tow vehicles. Operators must be able to read and write the English language, and have a valid Pennsylvania Drivers License: (List additional drivers on the back of form) any additions or changes to drivers must be made in writing to Warminster Police Department within 30 days of change.

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Valid Pa Drivers License #: \_\_\_\_\_  
By signing driver certifies they are not addicted to narcotics or intoxicating liquors: \_\_\_\_\_  
By signing driver certifies they can read and write the English language: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Valid Pa Drivers License #: \_\_\_\_\_  
By signing driver certifies they are not addicted to narcotics or intoxicating liquors: \_\_\_\_\_  
By signing driver certifies they can read and write the English language: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Valid Pa Drivers License #: \_\_\_\_\_  
By signing driver certifies they are not addicted to narcotics or intoxicating liquors: \_\_\_\_\_  
By signing driver certifies they can read and write the English language: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Valid Pa Drivers License #: \_\_\_\_\_  
By signing driver certifies they are not addicted to narcotics or intoxicating liquors: \_\_\_\_\_  
By signing driver certifies they can read and write the English language: \_\_\_\_\_



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## *Warminster Police Department*

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I hereby swear and affirm that I, the said owner and applicant have read and understand the Township Ordinance that pertains to Duty Tow facilities, equipment, insurance needs, business practices, employees and all other facts there unto pertaining, listed in Warminster Township Ordinance 714 "Duty Tow Ordinance" and all other material provided to me by the Township or any of its agents pertaining to Duty Tow.

☐ I Have Read and understand Ordinance 714 and all other Duty Tow Material and agree to follow the terms

Signature: \_\_\_\_\_

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

I hereby authorize Warminster Township and any of its agents to perform a background check on all listed businesses, persons who own, lease, operate or in any way may work for the business that is applying for Duty Tow Status at anytime or for any reason, checks may be conducted as the Township desires and at its discretion.

☐ I agree to these terms

Signature: \_\_\_\_\_

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

By Signing below I hereby swear that the information provided to Warminster Township and its agents is true and correct to the best of my knowledge. I also will provide any additional information in a timely manner to Warminster Township if so requested at anytime.

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SIGNATURE OF PRIMARY OWNERS:

DATE SIGNED:

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PENNSYLVANIA NOTARY SIGNATURE & SEAL

DATE SIGNED: