

ANNUAL PERMIT FEES: (Expire March 31st Annually)
\$150 for the first truck and \$25 per each additional truck (revised 5/21/13)

**VILLAGE OF WALDEN
TOWING PERMIT APPLICATION**

APPLICANTS

NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____ FAX: _____

RESIDENTIAL ADDRESS: _____

TOW TRUCK(S) REGISTRATION NUMBER: _____

NYS REPAIR GARAGE LICENSE NUMBER: _____

A Certificate of Insurance shall be provided which shall contain the following information:

- a.) Public liability insurance in an amount of at least \$1,000,000.00 combined single limit, including bodily injury and property damage. The applicant must produce a valid certificate of insurance with such application which names the Village of Walden as an additional insured and which indemnifies the Village from liability to the fullest extent allowable by law. The certificate of insurance shall be maintained in full force and effect during the period covered by the permit. The certificate must state that the Village of Walden will be notified in the event of cancellation.
- b.) All permittees engaged in towing and storing vehicles shall have a garage keepers' legal liability policy to cover fire, theft and property damage that will cover any vehicle towed, impounded or stored and will keep such policy in effect through their permit period in insurance limits not less than as set forth above.

This certifies that the undersigned has read the chapter and meets all requirements for the issuance of the permit. The undersigned also agrees to adhere to the maximum fees for Tow Truck Operators as set forth by the Board of Trustees and to post those fees conspicuously at their location of business for public viewing.

Signature of Applicant

STATE OF NEW YORK)
COUNTY OF ORANGE) SS.:

Sworn to before me this _____ day of _____ of 20__.

(Notary Seal)

Notary Public
State of New York

TOTAL FEES CHARGED: \$ _____ COLLECTED BY: _____
PERMIT APPROVED BY: _____ FOR THE FOLLOWING DATES: _____
INSPECTION DATE: _____ STICKER APPLIED BY: _____ PERMIT #: _____