



**TOWNSHIP OF HILLSIDE, UNION COUNTY, NEW JERSEY**

**OFFICIAL TOWING CONTRACTOR APPLICATION**

\_\_\_\_\_  
Date

To: Township Council Members  
Township of Hillside  
1409 Liberty Avenue  
Hillside, NJ 07205

**Application Fee: \$500.00 certified check payable to “Township of Hillside”**

Council Members,

\_\_\_\_\_  
Business Name  Partnership  Corporation

\_\_\_\_\_  
Business Address

does hereby make application to be one of the Official Towing Contractors for the Township of Hillside, New Jersey.

The premises from which the Towing Services will respond from is located at \_\_\_\_\_  
\_\_\_\_\_

The premises are owned by \_\_\_\_\_  
\_\_\_\_\_.

Additional storage space, if required, is located at \_\_\_\_\_  
\_\_\_\_\_.

Attach a sketch of all property to be used for storage of vehicles. Sketch should show address and dimensions of the property.

If above premises and storage location are not owned by applicant, the owner must give written consent for use thereof by completing Section II of the application.

## SECTION I

Applicant must complete the following:

**\*\*\*Applicant must complete the entire application and submit all necessary documentation prior to December 1st for the following tow year. If any component of this application is not completed, the application will not be accepted\*\*\***

- List the name(s), residence address, business address and telephone number of the owner(s) of the Towing Company. If the owner is a corporation, list the name, EIN #, residence address, business address and telephone number of every stockholder owning more than ten (10) percent of the issued stock.

Stockholder Name	EIN #
Residence	Telephone
Business Address	Bus. Phone
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when, where, and what charge?	
Stockholder Name	EIN #
Residence	Telephone
Business Address	Bus. Phone
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when, where, and what charge?	
Stockholder Name	EIN #
Residence	Telephone
Business Address	Bus. Phone
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when, where, and what charge?	

***Attach Additional Sheets if Necessary***

- List the names and addresses of two (2) business references who have known you for at least two (2) years.

	Name	Address	Telephone Number
1			
2			

3. List the names, address, telephone numbers and driver license numbers of all tow truck drivers.

Name	Address	Telephone Number	Driver License Number

*Attach copy of appropriate driver license for each driver listed*

4. Has the applicant or any driver been convicted of a criminal offense or have had their driver license suspended or revoked with the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list below:

	Name	Address
1		
2		

5. List all tow vehicles to be used (must include three (3) light duty wreckers or flatbeds, one (1) medium duty flatbed or wrecker with wheel lift, and two (2) heavy-duty wreckers with wheel lift (heavy-duty wreckers may be leased):

	Year	Make and Model	Body Type & Towing Type	Registration Number
1				
2				
3				
4				
5				
6				

*Attach copies of registration and insurance identification cards for each vehicle  
Attach additional sheets if necessary*

6. Is every tow vehicle or flatbed vehicle equipped with the following?

- |  |     |    |
|--|-----|----|
| A. Slim-Jim/lock out tool required?  | Yes | No |
| B. J-hooks and chains or tie-downs?  | Yes | No |
| C. One (1) snatch block per winch?   | Yes | No |
| D. Two (2) high-test safety chains?  | Yes | No |
| E. Auxiliary safety light kit?   | Yes | No |
| F. Rotating/LED amber emergency lights mounted on top of truck?  | Yes | No |
| G. Two (2) white work lights facing the rear of the vehicle?   | Yes | No |
| H. Two (2) safety cones with reflective strip?   | Yes | No |
| I. One (1) shovel?   | Yes | No |
| J. One (1) broom?  | Yes | No |
| K. Steering wheel tie-down?  | Yes | No |
| L. Two-way communication system, radio or cellular, with communication between licensee's base and all of the required trucks? | Yes | No |
| M. Jumper cables or jump box?  | Yes | No |
| N. Toolbox with assorted hand tools?   | Yes | No |
| O. The name of the tower displayed on the vehicle as required by N.J.S.A. 39:4-46?   | Yes | No |

- |  |     |    |
|--|-----|----|
| P. At least one (1) amber rotating beacon or strobe light?   | Yes | No |
| Q. Safety tow lights or magnetic tow lights for towing vehicle at night?   | Yes | No |
| R. Do all tow vehicles or flatbed vehicles comply with any and all state, federal and local laws, regulations and ordinances pertaining to safety, lighting and towing equipment requirements? | Yes | No |
| 7. Will you have a minimum of two (2) persons available at all times to provide the required towing services?  | Yes | No |
| 8. Will you furnish the services as required by Ordinance 279, Sections 1 through 17 (Copy of Ordinance attached)?   | Yes | No |
| 9. Will you provide the required Hold Harmless Agreement and the required Certificates of Insurance as described in Ordinance 279 Section 16 Paragraphs A. and B.?                             | Yes | No |
| 10. Will you abide by the Towing and Storage Fee Schedule as described in Ordinance 279 Section 15 Paragraphs A and B?   | Yes | No |
| 11. Is your storage facility located within the Township?  | Yes | No |
| 12. Is your storage facility within 5 miles of any Township of Hillside border?  | Yes | No |
| 13. Is your property legally zoned for a vehicle storage yard?   | Yes | No |
| 14. Is your storage facility secured by a wall, fence or other man-made barrier that is at least 6 feet high?  | Yes | No |
| 15. Is your storage facility well lit?   | Yes | No |
| 16. Is your storage facility monitored by cameras at all times?  | Yes | No |
| 17. Does your inside secured storage area provide at least 3 spaces for exclusive use of the Hillside Police Department for vehicles being held as evidence or under investigation?            | Yes | No |
| 18. Does your outside secured storage area provide at least 100 spaces at one time dedicated to the vehicles towed from the Township of Hillside?  | Yes | No |

## SECTION II

If the applicant is not the owner of record of the property from which the towing services will be conducted or the property on which the vehicles will be stored, the record owner shall complete the following:

I or We as the owner(s) of the property to be used to provide towing services and storage area for disabled vehicles by:

\_\_\_\_\_

Name of Business

hereby consent to the use of our property for the purpose of providing towing services and/or storage as required by Ordinance Number 279:

1. \_\_\_\_\_  
Signature

2. \_\_\_\_\_  
Signature

1. \_\_\_\_\_  
Please Print Name

2. \_\_\_\_\_  
Please Print Name

1. \_\_\_\_\_  
Addresses

2. \_\_\_\_\_  
Addresses

\_\_\_\_\_

\_\_\_\_\_

1. \_\_\_\_\_  
Telephone Number

2. \_\_\_\_\_  
Telephone Number

1. \_\_\_\_\_  
Fax Number

2. \_\_\_\_\_  
Fax Number

