

TOWN OF STONY POINT
74 EAST MAIN STREET
STONY POINT, NEW YORK 10980
(845) 786-2716 FAX (845) 786-2783

APPLICATION FOR TOWING PERMIT

Business Name _____

Address _____

Business Owners Name _____

Home Address _____

Telephone: Day# _____ Hours _____ Night# _____ Hours _____

Name, Address & Chauffeurs License Number Of Each Tow Truck Driver _____

Description Of Vehicle To Be Used: Year _____ Make _____

Model _____ Color _____ License # _____ State _____

Rockland County Towing Permit # _____ Expiration Date _____

Location Where Impounded Vehicles Will Be Stored _____

INSURANCE:

- Proof of Worker's Compensation and Disability Insurance
- Liability as Described in Article 16 Towing Rules & Regulations

Insurance Carrier _____

SEE PAGE TWO FOR COMPLETE LIST OF DOCUMENTATION TO BE SUBMITTED

Print Name _____

Signature _____

DOCUMENTATION TO BE SUBMITTED

- Copy of valid vehicle registration for each vehicle receiving a permit.
 - Copy of valid Rockland County Towing Permit for each vehicle receiving a permit.
 - Copy of New York State registered repair shop certificate for the location where the business will operate from.
 - Copy of inspection certificate.
 - Copy of current insurance certificates for worker's compensation, disability, and liability insurance.
 - Copy of current Insurance I.D. Card.
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Building Department Approval:

Date _____

Signature _____

Fee _____

Permit No. _____ Expiration Date _____