



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

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. _____	_____
Amount enclosed: \$	_____

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)

Auto liability for each Consent-Only towtruck	
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
Auto liability for each Non-Consent towtruck	
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
General/Garage liability	
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
Garage keeper's liability	
<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"/> On-Hook cargo liability coverage for each vehicle	\$50,000
<input type="checkbox"/> Worker's Compensation.....	According to state law

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: <u> </u> A <u> </u> B <u> </u> C <u> </u> D
2.	_____	_____	_____
	Year/Make/Model	Vehicle I.D. Number	Gross weight
	_____	_____	_____
	Tag Number	Tag Expiration Date	Class: <u> </u> A <u> </u> B <u> </u> C <u> </u> D
3.	_____	_____	_____
	Year/Make/Model	Vehicle I.D. Number	Gross weight
	_____	_____	_____
	Tag Number	Tag Expiration Date	Class: <u> </u> A <u> </u> B <u> </u> C <u> </u> D
4.	_____	_____	_____
	Year/Make/Model	Vehicle I.D. Number	Gross weight
	_____	_____	_____
	Tag Number	Tag Expiration Date	Class: <u> </u> A <u> </u> B <u> </u> C <u> </u> D
5.	_____	_____	_____
	Year/Make/Model	Vehicle I.D. Number	Gross weight
	_____	_____	_____
	Tag Number	Tag Expiration Date	Class: <u> </u> A <u> </u> B <u> </u> C <u> </u> D
6.	_____	_____	_____
	Year/Make/Model	Vehicle I.D. Number	Gross weight
	_____	_____	_____
	Tag Number	Tag Expiration Date	Class: <u> </u> A <u> </u> B <u> </u> C <u> </u> D
7.	_____	_____	_____
	Year/Make/Model	Vehicle I.D. Number	Gross weight
	_____	_____	_____
	Tag Number	Tag Expiration Date	Class: <u> </u> A <u> </u> B <u> </u> C <u> </u> D
8.	_____	_____	_____
	Year/Make/Model	Vehicle I.D. Number	Gross weight
	_____	_____	_____
	Tag Number	Tag Expiration Date	Class: <u> </u> A <u> </u> B <u> </u> C <u> </u> D
9.	_____	_____	_____
	Year/Make/Model	Vehicle I.D. Number	Gross weight
	_____	_____	_____
	Tag Number	Tag Expiration Date	Class: <u> </u> A <u> </u> B <u> </u> C <u> </u> D
10.	_____	_____	_____
	Year/Make/Model	Vehicle I.D. Number	Gross weight
	_____	_____	_____
	Tag Number	Tag Expiration Date	Class: <u> </u> A <u> </u> B <u> </u> C <u> </u> 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.]

	TOW TRUCK DRIVER'S NAME/ TELEPHONE NUMBER	HOME ADDRESS/ CITY, STATE ZIP	DRIVER'S LICENSE NUMBER & EXPIRATION DATE	DATE OF BIRTH mm/dd/yyyy	DRIVER'S PERMIT NUMBER (TD#)
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)

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)

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

FDLE FORM

This form must be completed 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. **Note: FDLE is done every 2 years and the fee is \$24.00.**

**Florida Department of Law Enforcement (FDLE)
Palm Beach County Board of County Commissioners
Consumer Affairs Division**

Please print or type

NAME: _____
 First Middle Last

ALIAS: _____

NAME OF TOWING COMPANY: _____

PLEASE CHECK ONE IN EACH OF THE FOLLOWING CATEGORIES:

RACE/ETHNIC CODES:	<input type="checkbox"/> White	SEX CODES:	<input type="checkbox"/> Male
	<input type="checkbox"/> Black		<input type="checkbox"/> Female
	<input type="checkbox"/> Hispanic		
	<input type="checkbox"/> American Indian, Alaskan		
	<input type="checkbox"/> Asian or Pacific Islander		
	<input type="checkbox"/> Unknown		

DATE OF BIRTH: ____/____/____
(MM/DD/YYYY)

Current Street Address: _____

City/State/Zip: _____

The Consumer Affairs Division collects social security numbers in order to perform criminal history record checks through the Florida Department of Law Enforcement (FDLE). Criminal history record checks are required by Palm Beach County Chapter 19 – Article VII.

Your social security number is imperative to guarantee the accurate identification of persons operating a for-hire vehicle. As part of the criminal history record check, the social security numbers will not be used by the Consumer Affairs Division for any other purpose, will be kept confidential and will only be disclosed as required by law.

Social Security #: _____ - _____ - _____

**This form MUST ONLY be submitted to FDLE by the Consumer Affairs Division.
Please return it to the Consumer Affairs Division for processing.**



**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

Credit Card Information
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 (LAST 4 DIGITS ONLY): _____ 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

Cardholder Phone Number: (_____) _____