

**FEE: \$200.00 FIRST VEHICLE  
\$25.00 EACH ADDITIONAL VEHICLE  
PAID:**

**LICENSE #  
DATE ISSUED**

**APPLICATION FOR TOWING COMPANY LICENSE**

The undersigned \_\_\_\_\_, does hereby apply to the License Commissioner of the City of Syracuse, State of New York, for a Towing Company License, pursuant to the General Ordinances of the City of Syracuse.

**PLEASE PRINT**

Name of Owner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_

Is the applicant a Corporation, Partnership, Association or Firm?

If yes, list its principal officers with their respective places residence, phone numbers and titles

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conducting business under an assumed name? \_\_\_\_\_

Business Hours: \_\_\_\_\_

Towing Hours: \_\_\_\_\_

**LIST ALL VEHICLES USED FOR TOWING:**

Make	Model	Year	License Plate #
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\_\_\_\_\_  
\_\_\_\_\_

Towing Charges: \_\_\_\_\_ Storage Charges per Day: \_\_\_\_\_  
(Not to exceed \$115.00 per vehicle) (Not to exceed \$25.00 per day)

**INDEMNIFICATION STATEMENT**

The applicant, upon issuance of a license, herein agrees to indemnify and save harmless the City of Syracuse, its agents, officers and employees thereof from all claims, suits or actions of every name or description brought against the City, its officers, employees or agents for or on account of bodily injuries, including death or damages to property, received or sustained, or alleged to be sustained by any person or persons arising out of the license issued herein.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PLEASE PRINT NAME)

\_\_\_\_\_  
(NOTARY)