

**2016**  
**APPLICATION**  
**FOR TOW**  
**COMPANY LICENSE**



**City of Seattle, RCCP,**  
**Consumer Protection Unit**  
 www.Seattle.gov/Towing

Consumer Protection Unit  
 805 S. Dearborn Street  
 Seattle, WA 98134 (206) 386-1084

**Renewals are due by 11/02/15**

**The license is for the calendar year, January 1, 2016 - December 31, 2016**

A valid tow company license is required pursuant to SMC 6.214.210 A.1 (misdemeanor).

**Applicant Information**

Sole Owner  Partnership  Corporation  L.L.C

**Legal name of business entity**

**Trade name (doing business as)**



State of Washington UBI #

City of Seattle Customer Number



Business office physical address (no P.O. Box)

Mailing address

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

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

Telephone  
 ( ) \_\_\_\_\_

Fax  
 ( ) \_\_\_\_\_

E-mail  
 \_\_\_\_\_

**Name(s) of sole proprietor, partner, corporate officers, directors, and registered agents:** List true name(s), residence address, telephone number and date of birth of the sole proprietor or all partners or corporate officers/directors and their titles (attach a separate sheet, if needed).

NAME & TITLE	RESIDENCE ADDRESS	CITY, STATE, ZIP	TELEPHONE	DATE OF BIRTH

**Physical address(s) of all secured areas used by the tow company for vehicle storage & redemption:** (attach a separate sheet, if needed).

STREET	CITY	STATE	ZIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The tow truck class, vehicle license, and VIN for all tow trucks registered to the business owner: (attach a separate sheet, if needed).

CLASS	LICENSE PLATE	VIN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Private Impound Rates that your business charges (cannot exceed the maximum listed in SMC 6.214.220)

FEE	RATE
TOWING SERVICE	\$ _____ 1 <sup>ST</sup> HOUR (\$186.84 max) \$ _____ 2 <sup>ND</sup> HOUR (\$33.34 each 15 min max)
STORAGE	\$ _____ EACH 12 Hr. INCREMENT (\$30.37 max)
AFTER HOURS RELEASE	\$ _____ FLAT FEE (\$100.00 max)
UNCOMPLETED TOW	\$ _____ EACH 15 MINUTES (\$46.71 max)

**LICENSE APPLICATION FEES DUE \$500.00 (plus a \$75.00 late fee if after 11/02/2015)**  
**MAKE CHECK PAYABLE TO: "CITY OF SEATTLE"**

Attach a copy of the most recent:

- 1) Annual inspection report issued by the Washington State Patrol for each vehicle storage lot.
- 2) Annual tow truck permits issued by the Washington State Patrol for each tow truck.

**An applicant or licensee must inform the Director in writing within 7 days of any changes in the information above.**

**I certify or declare under penalty of perjury pursuant to the laws of the State of Washington that the foregoing is true and correct and that I am authorized to sign on behalf of this business in legal matters. All information given is subject to verification.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_ Title \_\_\_\_\_

**NOTARY SECTION**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_.

Scribed and sworn before me this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_\_

Notary Public's Signature \_\_\_\_\_

Notary Name \_\_\_\_\_

My commission expires \_\_\_\_\_

