

**2018**  
**APPLICATION**  
**FOR TOW**  
**COMPANY LICENSE**



**City of Seattle, Regulatory Compliance & Consumer Protection (RCCP)**

www.Seattle.gov/Towing

RCCP-Attention Adam Hollinger  
 PO Box 94380  
 Seattle, WA 98124-6680

**Renewals are due by 11/02/17**

**The license is for the calendar year, January 1, 2018 - December 31, 2018**

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)

**Attach a copy of the most recent:**

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

**PLEASE DO NOT SEND IN LICENSE PAYMENT AT THIS TIME.** Once your application is complete and approved by the City of Seattle, you will receive an invoice for the regulatory license fee. Payment received prior to receiving an invoice will be returned to your company.

**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 \_\_\_\_\_

