

BOROUGH OF  
**NEW PROVIDENCE**

SETTLED IN 1720

360 Elkwood Avenue ♦ New Providence ♦ NJ ♦ 07974  
908-665-1400 ♦ 908-665-9272 (Fax)  
www.newprov.org

**APPLICATION FOR WRECKER LICENSE**

**Checklist of items to be included with application:**

- Certificate of Insurance, naming Borough of New Providence as additionally insured.
- Copy of Amber Light Permit
- Copies of vehicle registrations for each vehicle to be licensed.
- Copies of driver's licenses for each vehicle operator.
- Payment of appropriate fee by check, cash, or credit card. Checks should be made payable to "Borough of New Providence".

(Fees are as follows: \$200.00, which shall include (10) Wreckers and (10) Tow Truck Operators. Additional wreckers and operators shall be charged \$10.00 each.

**NAME OF BUSINESS:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_, **NJ ZIP:** \_\_\_\_\_

**BUSINESS PHONE ( \_\_\_\_\_ )** \_\_\_\_\_

**PRINCIPAL OWNER:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_, **NJ ZIP:** \_\_\_\_\_

**HOME PHONE: ( \_\_\_\_\_ )** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**OTHER OWNER:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_, **NJ ZIP:** \_\_\_\_\_

**HOME PHONE: ( \_\_\_\_\_ )** \_\_\_\_\_

**§ 243-6 Standards of Issuance of License:** The Borough Ordinance requires that licenses may only be issued to “*applicants of good moral character*”

1. Have you, or any other principle owner of the company ever been convicted of a crime?
  - No
  - Yes - Please explain in detail below

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**§ 243-17 (b) 2.** Applicants shall have appropriate drivers and storage facilities as set forth in the ordinance.

**A. LOCATION TO ACCOMMODATE AND PROTECT ALL VEHICLES TOWED IN ACCORDANCE WITH REGULATIONS:**

**STREET ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **NJ ZIP:** \_\_\_\_\_

**BLOCK AND LOT:      BLOCK** \_\_\_\_\_ **LOT** \_\_\_\_\_

**RIGHT OF USE: Do you (Check One)**

- Own property
- Lease property
- Right of use (Attached copy of agreement)

**B. WRECKER DRIVER INFORMATION: (Please provide copies of the driver license for each tow truck operator)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **NJ ZIP:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Has this license ever been suspended or revoked      Yes      No**

**If yes, please explain:** \_\_\_\_\_

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**ADDITIONAL DRIVERS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ NJ ZIP: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Has this license ever been suspended or revoked      Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ NJ ZIP: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Has this license ever been suspended or revoked      Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please make more copies of this page as necessary**

C. **COMPLETE FOR EACH WRECKER:** (Please include copies of the registration for each vehicle.)

<b>VEHICLE TYPE</b>	_____
<b>MODEL and YEAR</b>	_____
<b>MAKE</b>	_____
<b>TYPE</b>	_____
<b>SERIAL NUMBER</b>	_____
<b>LICENSE PLATE</b>	_____
<b>MOTOR CAPACITY</b>	_____
<b>LENGTH OF TIME IN SERVICE</b>	_____

<b>VEHICLE TYPE</b>	_____
<b>MODEL and YEAR</b>	_____
<b>MAKE</b>	_____
<b>TYPE</b>	_____
<b>SERIAL NUMBER</b>	_____
<b>LICENSE PLATE</b>	_____
<b>MOTOR CAPACITY</b>	_____
<b>LENGTH OF TIME IN SERVICE</b>	_____

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<b>SERIAL NUMBER</b>	_____
<b>LICENSE PLATE</b>	_____
<b>MOTOR CAPACITY</b>	_____
<b>LENGTH OF TIME IN SERVICE</b>	_____

**Please make more copies of this page as necessary**

D: **FEES:**

FOR EACH YEAR OR ANY PART THEREOF, EACH APPLICATION FOR LICENSING UNDER THIS SECTION SHALL BE ACCOMPANIED BY A FEE OF \$200.00, WHICH SHALL INCLUDE UP TO TEN (10) WRECKERS AND TEN (10) TOW TRUCK OPERATORS. ADDITIONAL WRECKERS AND OPERATORS SHALL BE CHARGED \$10.00 EACH. ALL FEES SHALL BE PAID TO THE BOROUGH CLERK OF THE BOROUGH OF NEW PROVIDENCE. LICENSEES WILL BE REQUIRED TO CONTRIBUTE THE COSTS ASSOCIATED WITH PRODUCING A CUSTOMER "BILL OF RIGHTS" ON A PRO-RATA BASIS.

E: **Does your company provide towing service for any other municipalities:** *If yes, please provide the information below:*

Municipality: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Municipality: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Municipality: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**F. AFFIRMATION OF APPLICANT:**

THE UNDERSIGNED HEREBY SWEARS OR AFFIRMS THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND ACCURATE AND THAT BUSINESS CONDUCTED WILL BE IN ACCORDANCE WITH ORDINANCES OF THE BOROUGH OF NEW PROVIDENCE.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**G. ZONING LAW CERTIFICATION**

THE UNDERSIGNED CERTIFIES THAT THE APPLICANT MEETS ALL ORDINANCES OR REGULATIONS AS RQUIRED BY ZONING LAWS OF THE BOROUGH OF NEW PROVIDENCE

\_\_\_\_\_/\_\_\_\_\_  
Zoning Officer / Date

**H. POLICE DEPARTMENT CERTIFICATION:**

THIS IS TO CERTIFY THE POLICE DEPARTMENT OF THE BOROUGH OF NEW PROVIDENCE HAS INVESTIGATED THE APPLICANT APPEARING ON THIS APPLICATION AS TO BUSINESS AND MORAL CHARACTER.

As a result of the investigation, this application is:

- APPROVED
- DENIED

\_\_\_\_\_/\_\_\_\_\_  
CHIEF OF POLICE / DATE

**I. ISSUANCE OF PERMITS:**

PERMIT NUMBER (S) \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

MUNICIPAL CLERK \_\_\_\_\_

DATE \_\_\_\_\_