



*FOR OFFICE USE ONLY

*Acct. # _____

CITY OF BOWLING GREEN, KY ANNUAL TOW TRUCK LICENSE

1017 College Street * P. O. Box 1410 * Bowling Green, KY 42102-1410
PH (270) 393-3000 * FAX (270) 393-3636 * E-mail www.bgky.org/license.htm

Under Chapter 15-7 of the City of Bowling Green Code of Ordinances any person or business engaging in the business of towing vehicles or otherwise conducting a towing business shall pay a yearly license fee of fifty (50.00) dollars. This annual fee shall be due on **May 30** for the period beginning **July 1 through June 30** of the following year.

Business Name _____ Phone _____

Address _____
(Street) (City) (State) (Zip)

Contact Person _____ Phone _____

Liability Insurance Company _____ Policy No. _____

Entity Type: Individual Partnership Corporation Limited Liability Co. Limited Liability Partnership

Social Security No. _____
(Sole Proprietorship Only)

Federal ID Number _____

MAILING ADDRESS:

Phone No. _____

Cell Phone No. _____

Fax No. _____

I certify that all information on this application is true and correct.

Print Name of Applicant

Signature of Applicant

Date

ADDRESSES OF VEHICLE STORAGE FACILITIES:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

TOWING FEE SCHEDULE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STORAGE FEE SCHEDULE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CITY OF BOWLING GREEN, KENTUCKY ANNUAL TOW TRUCK LICENSE (Continued)

Owner/Partner/Corporate Officer information to be completed: (attach separate listing if more space is required)

Name: _____

Residence: _____

Social Security No: _____

Phone: _____ Date of Birth: _____

Name: _____

Residence: _____

Social Security No: _____

Phone: _____ Date of Birth: _____

Name: _____

Residence: _____

Social Security No: _____

Phone: _____ Date of Birth: _____

Name: _____

Residence: _____

Social Security No.: _____

Phone: _____ Date of Birth: _____

Name: _____

Residence: _____

Social Security No.: _____

Phone: _____ Date of Birth: _____

Name: _____

Residence: _____

Social Security No.: _____

Phone: _____ Date of Birth: _____

Enclosed is check or money order # _____ for \$ _____ made payable to City of Bowling Green

Please bill my Visa MasterCard Account # _____ Amt \$ _____

Expiration Date ____ - ____ - ____ Security Code (3 digits on back of card)

Authorized Signature as it appears on card _____

Printed name and address the Visa or MasterCard monthly statement is mailed to:

Name _____ Company If Applicable _____

Street Address or Post Office Box

City

State

Zip Code

If paying by Visa or MasterCard, this form may be faxed to (270) 393-3636

Check if Minority Owned Business: (Optional, for statistical purposes only)

Female, Male, White, Black, Asian, Hispanic, American Indian