



\*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](http://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



**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