

TOWNSHIP OF MIDDLE  
OFFICE OF MUNICIPAL CLERK  
33 Mechanic Street  
Cape May Court House, New Jersey 08210  
(609) 465-8732 Fax (609) 465-9659  
[www.middleborough.com](http://www.middleborough.com)

**TOW TRUCK COMPANY APPLICATION**  
PURSUANT TO CHAPTER 229 OF THE CODE OF THE TOWNSHIP OF MIDDLE

DO NOT WRITE BELOW / TWP. USE ONLY		
LICENSE NO. / YEAR	PAYMENT AMOUNT	PAYMENT TYPE

*Please type or print legibly.*

1. Name of Tow Truck Company:			
2. Physical Location: STREET ADDRESS MUST BE DESIGNATED BELOW (P.O. BOX NOT ALLOWED FOR THIS ADDRESS):			
Number, Street, Suite No., Apt. No.	City	State	Zip
3. Mailing Address: (USED FOR ALL CORRESPONDENCE (P.O. BOX ALLOWED))			
Number, Street, Suite No., Apt. No.	City	State	Zip
4. Point of Contact:	5. Phone: (     ) _____		
	6. Fax: (     ) _____		
7. Type of Ownership: <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other			
7. Company Owner, Partners, or Corporate Officers (Attach additional sheet if necessary)			
Name & Title: _____		Name & Title: _____	
Phone: (     ) _____		Phone: (     ) _____	
Percent of Ownership: _____%		Percent of Ownership _____%	
8. Storage Yard Location:			
Number	Street	City	State      Zip

By signing and submitting this application, I certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant and that the applicant furthermore agrees to comply with all rules and regulations for the operation of tow trucks as adopted by Township Committee and outlined in Chapter 229 of the Code of the Township of Middle.

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Signature of Owner, Partner, Officer or Authorized Agent Printed Name

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Title Date

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APPENDIX A: VEHICLE

Company Name: _____
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**TOW TRUCK INFORMATION**

7. Make of Truck:	Model:	Year:
Gross Vehicle Weight:	License Plate #:	
VIN #:	Type of Towing Mechanism:	
<b>TRUCK NO.</b> _____		
8. Make of Truck:	Model:	Year:
Gross Vehicle Weight:	License Plate #:	
VIN #:	Type of Towing Mechanism:	
<b>TRUCK NO.</b> _____		
9. Make of Truck:	Model:	Year:
Gross Vehicle Weight:	License Plate #:	
VIN #:	Type of Towing Mechanism:	
<b>TRUCK NO.</b> _____		
10. Make of Truck:	Model:	Year:
Gross Vehicle Weight:	License Plate #:	
VIN #:	Type of Towing Mechanism:	
<b>TRUCK NO.</b> _____		
11. Make of Truck:	Model:	Year:
Gross Vehicle Weight:	License Plate #:	
VIN #:	Type of Towing Mechanism:	
<b>TRUCK NO.</b> _____		
12. Make of Truck:	Model:	Year:
Gross Vehicle Weight:	License Plate #:	
VIN #:	Type of Towing Mechanism:	
<b>TRUCK NO.</b> _____		
13. Make of Truck:	Model:	Year:
Gross Vehicle Weight:	License Plate #:	
VIN #:	Type of Towing Mechanism:	
<b>TRUCK NO.</b> _____		

**TRUCK FEE**

License Fee: \$450.00	Truck / Sticker Fee: \$50.00 each vehicle
No. of Vehicles : _____	
Total Due: \$ _____	

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**CHECKLIST FOR TOWING COMPANY**

TOWING COMPANY: \_\_\_\_\_

- 1. Application and corresponding fees (as necessary) 229-2 (B)
- 2. Signature of Applicant (Application Page 1)
- 3. Copy of workmen's compensation insurance coverage as required by law. 229-4 (C)
- 4. Copy of General Liability Insurance 229-5
  - i. Each truck operator shall maintain general liability insurance for his business in the amount of \$300,000 incident and \$1,000,000 aggregate and garage-keepers legal liability insurance in the amount of \$50,000 for comprehensive and collision per incident. In addition, the Township of Middle shall be designated