

SAN FRANCISCO POLICE DEPARTMENT

TOW CAR FIRM APPLICATION & LETTER OF INTENT

PERMIT NUMBER: _____

DATE: _____

RECEIPT # _____

APPLICANT'S INFORMATION

NAME: _____

LAST

FIRST

MIDDLE

RESIDENCE ADDRESS: _____

NUMBER

STREET

APT

CITY _____ STATE _____ ZIP CODE _____

RESIDENCE PHONE: _____

AREA CODE

NUMBER

SEX _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

DRIVER'S LICENSE _____ SOCIAL SECURITY NO. _____

NUMBER

STATE

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

NUMBER

STREET

CITY

ZIP

BUSINESS PHONE: _____

AREA CODE

NUMBER

LIST TOW CAR OPERATORS. USE ADDITIONAL FORMS IF NECESSARY.

| APPLICANT'S NAME – LAST NAME, FIRST NAME | DRIVER'S LICENSE NO. | PERMIT NUMBER |
|---|-----------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

LIST TOW TRUCKS. USE ADDITIONAL FORMS IF NECESSARY.

| COLOR | YEAR | MAKE | MODEL | LICENSE PLATE |
|--------------|-------------|-------------|--------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I _____ **DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT, EXECUTED AT SAN FRANCISCO, CALIFORNIA. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION PROVIDED BY ME, RELATIVE TO THIS APPLICATION, MAY BE CONSIDERED CAUSE TO EITHER DENY THE REQUESTED PERMIT OR REVOKE THE PERMIT THAT IS GRANTED.**

SIGNATURE _____ **DATE:** _____

TOW CAR OWNERS APPLICATION LETTER OF INTENT

1. NAME OF BUSINESS _____

2. BUSINESS PHONE NO. _____

3. DAY(S) OF OPERATION _____ TO _____

4. HOURS OF OPERATIONS _____ TO _____

5. MY BUSINESS WILL BE CONDUCTED FROM:

(CIRCLE THE CORRECT ONE AND GIVE ADDRESS)

a) HOME OR COMMERCIAL ESTABLISHMENT

_____ (Address)

b) IF A COMMERCIAL LOCATION, WHAT BUSINESS EXISTS THERE NOW?

Check the box that applies.

Auto Repair Shop Gas Station Vacant Lot Other

_____ Describe Other

_____ (Name of Business)

6. LOCATION OF WHERE THE TOW TRUCKS ARE STORED

_____ (Address)

7. NUMBER OF TOW TRUCKS _____

8. LOCATION OF TOWED/STORED VEHICLES.

_____ (Address)

_____ Signature

_____ Date