



(631) 957-7500  
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**INCORPORATED VILLAGE OF LINDENHURST**  
430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

**2024 Tow Truck License New**  
**JANUARY 2024– DECEMBER 2024**  
**LICENSE APPLICATION**

**FEES:** License: **\$275.00 Per Truck**  
Roster: **\$250.00 Each**

**INSTRUCTIONS:**

This application should be submitted to the Village Hall, 430 South Wellwood Avenue, Lindenhurst, New York 11757. Please make checks payable to "Inc. Village of Lindenhurst".

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Business Telephone #: \_\_\_\_\_
4. How long has applicant been at present address? \_\_\_\_\_  
If less than 2 years, state address of former location: \_\_\_\_\_
5. State whether applicant is owner, lessee or other of location: \_\_\_\_\_
6. How long has the applicant been in towing business? \_\_\_\_\_
7. Is there any other business conducted at premises? \_\_\_\_\_ If yes, state type \_\_\_\_\_
8. What are approximate dimensions of premises? \_\_\_\_\_  
(Attach a copy of property survey showing square footage of outdoor storage).
9. How many vehicles can be stored on premises, exclusive of tow truck(s)? \_\_\_\_\_
10. Owners of place from which towed cars are proposed to be garaged and dispatched.  
A) In the case of any unincorporated association, the names and address of each member thereof: \_\_\_\_\_  
B) In the case of any corporation, the names and addresses of each officer, director and stockholder thereof: \_\_\_\_\_
11. Vehicle to be licensed by applicant:  
(Make of Vehicle, Model & Year, Motor #, Registration #)  
A1) \_\_\_\_\_  
A2) \_\_\_\_\_

B) Amount of bodily injury and property damage insurance:

Bodily Injury: \_\_\_\_\_ Property Damage: \_\_\_\_\_

C) Name of Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

D) Has an insurance certificate been submitted with the application? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Age and Citizenship of applicant, and each member thereof, if an incorporated association or partnership and each officer, director and stockholder thereof, if a corporation:

Age	Citizenship	Name
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_____	_____	_____
_____	_____	_____

13. Does the applicant wish to be placed on the following rosters?

Non- Accident: \_\_\_\_\_ \$250 Fee Accident: \_\_\_\_\_ \$250 Fee

14. Does the applicant hold a license(s) for any truck(s) by the Town of Babylon or any other incorporated village located within the Town of Babylon? If yes, set forth the license numbers, date(s) issued, and municipality:

LICENSE #/ #'S	DATE(S) ISSUED	MUNICIPALITY
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_____	_____	_____
_____	_____	_____

15. Every individual applicant for an owner's license shall, at the time of submitting this application also: submit 3 individual photographs of the applicant taken within thirty (30) days prior to the date of this application, 1-1/2" x 1-1/2" in size, and such pictures must be in a true likeness of the applicant and must show neck, shoulders and uncovered head.

16. Give the names of at least two (2) property owners of Suffolk County, who will certify as to your good character and business responsibility.

1) \_\_\_\_\_  
2) \_\_\_\_\_

In lieu thereof, list other available evidence as to your good character and business responsibility as will enable as investigator to properly evaluate your character and business responsibility:

\_\_\_\_\_

17. Have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance other than those violations having to do with regulation of vehicular traffic? If yes, give details, places of convictions, nature of offense charged, and the punishment or penalty assessed therefor. (Attach separate sheet with additional information, if necessary)

1) \_\_\_\_\_  
2) \_\_\_\_\_

18. Have you read the tow truck ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Do you understand the provisions of the Tow Truck Ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_

20. If issued a license, will you abide by the provisions of the Tow Truck Ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Have you attached three (3) 3" x 4" photographs of the premises taken within ten days of the date hereof?

Yes \_\_\_\_\_ No \_\_\_\_\_

22. Location of storage or impoundment facility to which vehicles are to be towed:

\_\_\_\_\_

The undersigned hereby states that the information contained in and supplied with this application is true and of his knowledge.

Sworn before me this \_\_\_\_\_

Applicant: \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_.

Witness: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

////////////////////////////////////  
DO NOT WRITE IN THIS SPACE – TO BE COMPLETED BY VILLAGE CLERK

Fee Paid: \$ \_\_\_\_\_

Plate #(s): \_\_\_\_\_

Date Issued: \_\_\_\_\_

**APPLICATION TO BE PLACED ON TOW TRUCK ACCIDENT ROSTER**

1. Name of Applicant: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_

5. Do you operate a garage as defined in the Tow Truck Ordinance within the Village of Lindenhurst?  
Yes \_\_\_\_\_ No \_\_\_\_\_

6. Garage Address: \_\_\_\_\_

7. Do you operate a garage at the same premises or on real property owned by any other holder of a license issued under the Tow Truck Ordinance of the Village of Lindenhurst or under the Tow Truck Ordinance of the Village of Babylon or Town of Babylon? If yes, indicated the municipality, license number, and date of issuance.

**Municipality**

**License #**

**Date of Issuance**

\_\_\_\_\_  
\_\_\_\_\_

8. Does the applicant maintain twenty-four hour service to respond to emergency calls regarding towing of motor vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Vehicle proposed to be operated by applicant: (Make, Model, Year, Model #, and Registration #)

\_\_\_\_\_

9A) Amount of Bodily Injury Property

Bodily Injury: \_\_\_\_\_

Property Damage: \_\_\_\_\_

9B) Name of Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

10. The Schedule of maximum prices the license shall charge for towing motor vehicles from points within the Village of Lindenhurst are:

A) For all passenger cars regardless of weight and other vehicles 3 tons and lighter:

Monday – Friday, 9:00 AM to 5:00 PM: \$40.00

All other times: \$50.00

Dollying: \$30.00

For use of a flatbed tow truck (requested at scene by police:

Monday – Friday 9:00 AM to 5:00 PM: \$50.00

All other times: \$60.00

B) The Maximum charges for storage of a motor vehicle shall be \$5.00 per day for first 3 days and \$10.00 per day thereafter.

11. Will the applicant respond to all calls of the Suffolk County Police Department? Yes \_\_\_\_\_ No \_\_\_\_\_

Sworn before me this \_\_\_\_\_

Applicant: \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_.

Witness: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

STATE OF NEW YORK)  
 )     SS:  
COUNTY OF SUFFOLK)

\_\_\_\_\_, being duly sworn, deposes and says: That he is a person thoroughly familiar with the application for a Tow Truck License pursuant to the Code of the Village of Lindenhurst, Chapter 175 - Tow Trucks.

That he has read the Ordinance and the application for license pursuant thereto dated the \_\_\_ day of \_\_\_\_\_, 19\_\_\_. That he is over the age of 21 years and resides at \_\_\_\_\_, owns, operates, maintains or uses by agreement with another to terminate at a time after the expiration of the period for which the license is to be issued, a place of storage, impoundment or repair of towed vehicles. All as defined in the Tow Truck Ordinance of the Village of Lindenhurst.

That the garage is located at \_\_\_\_\_ and situate on a parcel of land approximately \_\_\_ by \_\_\_ in dimensions and located in a \_\_\_\_\_ zoning district and such public garage maintains 24 hour service to answer emergency calls regarding motor vehicles.

That a substantial amount of business conducted at the garage is the repair of motor vehicles; that the garage and the attendant premises provide on premises parking for the storage of such motor vehicles as are towed to the premises, or repaired at the premises.

That the operation of the garage at the premises, although in a \_\_\_\_\_ zoning district is not a violation of the Revised Zoning Ordinance of the Village of Lindenhurst due to the fact that the same is a non-conforming use and proof thereof has been filed with the \_\_\_\_\_ in connection with the application for a license hereunder. (Strike out paragraph if not applicable).

The undersigned makes this affidavit knowing full well that the Village Clerk of the Village of Lindenhurst relies upon the truth of the statements made herein and that pursuant to Section 27 any license may be suspended or revoked in the event a false statement or misrepresentation is made in the application.

Sworn before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Applicant: \_\_\_\_\_

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