



Office Use Only  
Wrecker Permit # \_\_\_\_\_

### Application for Wrecker/Towing Service Permit

Date \_\_\_\_\_

Company Name \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_

DBA \_\_\_\_\_ Night Phone (\_\_\_\_\_) \_\_\_\_\_

Name of person to contact \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Email address (Optional, to be used to notify wrecker service of changes) \_\_\_\_\_

Storage Facility      Own      Lease (Enclose a copy of the lease agreement)

Outdoor Storage physical address \_\_\_\_\_

Indoor Storage physical address \_\_\_\_\_

#### **OWNERSHIP INFORMATION (PARTNERSHIPS MUST HAVE TWO SIGNATURES ON THE BACK)**

List the legal name of the owner, owners or corporate officers, as well as any nicknames or aliases. Use additional sheet if necessary.

Is this a(n), check one:    Individual Ownership    Partnership    Corporation Federal ID# \_\_\_\_\_    LLC

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

Title \_\_\_\_\_ (Owner, Partner, President, Vice President, etc.)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

Title \_\_\_\_\_ (Owner, Partner, President, Vice President, etc.)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

Title \_\_\_\_\_ (Owner, Partner, President, Vice President, etc.)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_

Description of all wreckers to be licensed. Use additional sheet if necessary.

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	Office Use	Check all that apply TYPE OF VEHICLE	
				Class I	Class II
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The Department shall examine and determine the genuineness, regularity and legality of every application, driver license and any other application lawfully made to the Department, and may in all cases make investigation as may be deemed necessary or require additional information, and shall reject any such application if not satisfied of the genuineness, regularity or legality thereof or the truth of any statement contained therein, or for any other reason, when authorized by law.

**AFFIDAVIT**

Under Oath, I affirm that I have examined The City of Fort Stockton's Wrecker Service Ordinance # 14-100 pertaining hereto and in good faith shall endeavor to abide by all applicable laws and rules governing the Wrecker and Towing Service for which this application is made; I affirm that the information submitted in the application is true and complete.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name and Title

Attest: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

My Commission expires \_\_\_\_\_

My Commission number \_\_\_\_\_

**YOUR WRECKER/TOWING SERVICE PERMIT WILL BE EFFECTIVE JANUARY 1<sup>ST</sup> AND EXPIRE ON DECEMBER 31<sup>ST</sup> OF EACH YEAR**

Return the completed application with the Annual Permit Fee of \$50.00, plus \$15.00 for each additional wrecker (payable to):

CITY OF FORT STOCKTON  
CITY SECRETARY DEPARTMENT  
P.O. BOX 1000  
FORT STOCKTON, TX 79735  
For questions call (432) 336-8525, Ext. 24

<b>Office Use Only</b>	
Check or Money Order No. _____	Receipt No. _____
Date mailed _____	By _____

