

**TOWNSHIP OF BERNARDS**  
**MUNICIPAL TOWING LICENSE APPLICATION**

**INSTRUCTIONS**

Complete this checklist and application in full and submit to the \*municipal clerk.  
*Incomplete applications will not be processed – Attach all documents at time of submission.*

**CHECKLIST**

- Completed **Checklist**
- Application **Fee** (See §4-7.4)
- Completed, signed, **Towing License Application**
- Original **Certificate of Insurance** (See §4-7.11)
- Valid copy of **Certificate of Occupancy** for storage facility (§4-7.5.b)
- Copies of Certifications** for all employees. (§4-7.5.i)
- Complete Criminal History Background Check for Applicant, Drivers and All Agents and Employees of Applicant.** Click here for form: <https://www.njportal.com/njsp/criminalrecords/>. The applicant will receive criminal history results and must attach all results with completed towing application. (§4-7.5.f)
- NJ Driver's Abstracts** for applicant, drivers, employees and agents. Click here for form: <https://www.state.nj.us/mvc/pdf/license/DO-21.pdf> (§4-7.5.f)
- Proof that applicant has a **minimum of five years towing experience.** (§4-7.5.h)
- Copies of **equipment manufacturer's specifications** for each piece of equipment. (§4-7.5.c)

*\*Submit to: Christine V. Kieffer, Bernards Township Municipal Clerk  
1 Collyer Lane, Basking Ridge, NJ 07920  
908-204-3001 (phone)  
908-204-3015 (fax)  
ckieffer@bernards.org (e-mail)*

*The complete ordinance for Municipal Police Rotation Towing Services can be found here:  
<https://www.ecode360.com/documents/BE1659/source/LF1044308.pdf>*

## Bernards Township – Municipal Towing Application

### Check One

- Rotational Towing Services \$300 (3 years)
  Additional Driver Amendment \$25  
 Non-Consensual Towing Services \$300 (3 years)

### APPLICANT INFORMATION:

Business Name:		Owner's Name:
Business Principal Address:		Business Hours/Days:
Business Mailing Address:		
Telephone No.	(w)	(24 hour/7day phone)
Driver's License No.:		Email:
Business Secondary Address:		
Name/Address of Person(s) or Entity(s) with a 10% or more interest in the business:		

### PRINCIPAL STORAGE LOCATION OF BUSINESS:

Address:		Mailing Address:
Telephone No.	(w)	Email:
Business Hours/Days:	Is facility located with 10 driving miles to Bernards Township? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this storage location secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is outdoor storage lighted from dusk to dawn? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is indoor storage available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does storage facility have the ability to store a minimum of 6 vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is after hour release of stored vehicles available? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### ADDITIONAL STORAGE LOCATION OF BUSINESS (IF APPLICABLE):

Attach additional sheets if necessary

Check here if additional sheets are attached

Address:		Mailing Address:
Telephone No.	(w)	Email:
Business Hours/Days:	Is facility located with 10 driving miles to Bernards Township? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this storage location secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is outdoor storage lighted from dusk to dawn? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is indoor storage available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does storage facility have the ability to store a minimum of 6 vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is after hour release of stored vehicles available? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### DESCRIPTION OF TOWING VEHICLE(S):

Attach additional sheets if necessary

Check here if additional sheets are attached

Make:	Model:	Year:	Weight:	Number of Wheels:
Registration Number:		VIN Number:		
Purpose of Vehicle:		License Plate Number:		
Make:	Model:	Year:	Weight:	Number of Wheels:
Registration Number:		VIN Number:		
Purpose of Vehicle:		License Plate Number:		

**DESCRIPTION OF TOWING VEHICLE(S) continued:**

Make:	Model:	Year:	Weight:	Number of Wheels:
Registration Number:		VIN Number:		
Purpose of Vehicle:		License Plate Number:		

Make:	Model:	Year:	Weight:	Number of Wheels:
Registration Number:		VIN Number:		
Purpose of Vehicle:		License Plate Number:		

**LIST NAME, ADDRESS AND DRIVERS LICENSE NUMBER FOR APPLICANT AND ALL EMPLOYEES OF APPLICANT THAT ARE EXPECTED TO BE INVOLVED IN THE OPERATION OF APPLICANT'S VEHICULAR EQUIPMENT FOR THE TOWING OF MOTOR VEHICLES:**

Attach additional sheets if necessary

Check here if additional sheets are attached 

Name:	Home Address:		
	City:	State:	Zip:
Driver's License No.:			

Name:	Home Address:		
	City:	State:	Zip:
Driver's License No.:			

Name:	Home Address:		
	City:	State:	Zip:
Driver's License No.:			

**LIST NAME, ADDRESS AND DRIVERS LICENSE NUMBER FOR ALL OTHER EMPLOYEES AND AGENTS**

Attach additional sheets if necessary

Check here if additional sheets are attached 

Name:	Home Address:		
	City:	State:	Zip:
Driver's License No.:			

Name:	Home Address:		
	City:	State:	Zip:
Driver's License No.:			

Name:	Home Address:		
	City:	State:	Zip:
Driver's License No.:			

**LIST THREE REFERENCES OF APPLICANT'S TOWING EXPERIENCE:**

Name:		Address:		
Phone:	Email:	City:	State:	Zip:

**LIST THREE REFERENCES OF APPLICANT’S TOWING EXPERIENCE (continued):**

Name:		Address:		
Phone:	Email:	City:	State:	Zip:

Name:		Address:		
Phone:	Email:	City:	State:	Zip:

**1. I hereby certify:**

- A. That persons listed in this application are not subject to any of the following disqualifications pursuant to §4-7.7 of the ordinance:
  - 1) has obtained a registration through fraud, deception or misrepresentation;
  - 2) has engaged in the use or employment of dishonesty, fraud, deception, misrepresentation, false promise or false pretense;
  - 3) has engaged in gross negligence or gross incompetence;
  - 4) has engaged in repeated acts of negligence or incompetence;
  - 5) has had a towing operation registration or license revoked or suspended by any other state, agency or authority for reasons consistent with §4-7.7 of the ordinance;
  - 6) has violated or failed to comply on more than three occasions with the schedule of tariff or fee regulations consistent of §4-7.7 of the ordinance;
  - 7) has been convicted of:
    - (a) a crime under Chapter 11, 12, 13, 14 or 15 of Title 2C of the New Jersey Statutes;
    - (b) motor vehicle theft or any crime involving a motor vehicle under Chapter 20 of Title 2C of the New Jersey Statutes; or
    - (c) any other crime under Title 2C of the New Jersey Statutes relating adversely to the performance of towing services or the storage of motor vehicles as determined by the Chief of Police.
  - 8) any person with an interest of 10% or more in the entity, or any towing company in which such person has an interest of 10% or more, is not subject to any of the disqualification specified in §4-7.7.

**2. I hereby agree to:**

- A. Be available on a 24-hour, seven day per week basis, and to abide by the instructions and directions of the Chief of Police, his subordinates, and the provisions of the Ordinance.
- B. Comply with the schedule of services and fees as provided in §4-7.10 of the ordinance
- C. Pursuant to §4-7.11 of the ordinance, I hereby agree to comply with all Insurance Requirements outlined in the Township’s Ordinance. Further, pursuant to §4-7.12 of the ordinance, I hereby agree to assume all liability and shall indemnify and save the Township, its committees, boards, departments, agents and employees, harmless from damages or losses sustained by vehicles while being towed, stored or released from the towing operator's possession, and from all personal injuries and property damage occurring to any persons or property as a result of the performance of the towing operator services, including, but not limited to, towing, storage, or other such activities relating to the municipal towing services. All responsibility for the release of a stored vehicle shall be on the towing operator only.
- D. Comply with all other provisions of §4-7.6 of the ordinance, Minimum Requirements for Equipment if providing Rotational Towing.

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

<i>For Internal Use Only - Do Not Write Below This Line:</i>	<b>DATE</b>	<b>SIGNATURE</b>
Review by Municipal Clerk:		
Review by Police Department:		
License Issued by Municipal Clerk:		
License Denied by Municipal Clerk:		