

**TOW COMPANY APPLICATION**

**Business Information**

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

Name: \_\_\_\_\_ (Mo.) (Day) (Yr.)  
Manager: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_

**Owner Information**

Owner Name 1) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Owner Name 2) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Owner Name 3) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Dispatch Information**

Dispatch: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Mailing Information**

Mail to: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

Phone: ( ) \_\_\_\_\_

Company Name: \_\_\_\_\_  
Agent Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that to my knowledge all information contained on this application is true and correct, and that if any of the above information should change I will contact the City of Sacramento at:

Business Permits  
915 I Street, Room 1201  
Sacramento, CA 95814-2696  
Ph: (916) 808-5852  
Fax: (916) 808-5248

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date