

**TOW VEHICLE PERMIT
CUSTOMER INFORMATION
CHECK LIST**

NEW/RENEWAL PERMIT APPLICATIONS

Completely fill out and submit permit application forms

Provide copy of current registration for each vehicle.

Provide copy of brake and lamp certificates
or CHP inspection cert for each vehicle.

City of Sacramento Business Operations Tax current

BOT # _____

Provide Certificate of Insurance:

Fax Insurance Certificate to Risk Management at (916) 808-5160

(Insurance application, receipt of payment or insurance binder are not acceptable)

Fees Required:

Inspection fees paid: 1st Vehicle: \$79

Additional Vehicles: \$67

Submit application to:

City of Sacramento
Business Permits, City Hall
915 I Street, Room 1201
Sacramento, CA 95814
Phone: (916) 808-5852

TOW COMPANY APPLICATION

Business Information

NAME:	STARTING DATE:
MANAGER:	
ADDRESS:	PHONE:

Owner Information

Owner Name:	Phone:
Owner Name:	Phone:
Owner Name:	Phone:

Dispatch Information

Dispatch:	Phone:
Address:	

Mailing Information

Mail To:
Address:

Insurance Information

Company Name:	Phone:
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, City Hall 915 I
 STREET, ROOM 1201
 SACRAMENTO, CA 95814-2696
 (916) 808-5852

businesspermits@cityofsacramento.org

 SIGNATURE

 DATE

CITY OF SACRAMENTO
 BUSINESS PERMITS, CITY HALL
 915 I Street, Room 1201
 Sacramento, CA 95814
 (916) 808-5852
 businesspermits@cityofsacramento.org

TOW VEHICLE RATE SCHEDULE

Day Towing (M-F)

Hours: _____

Night Towing (M-F)

Hours: _____

Saturdays, Sundays, & Holidays

Hours: _____

ABOVE RATES INCLUDE _____ minutes work at scene. Time starts at commencement of work. Towing vehicle from scene to place of business of tow operator to within a five-mile radius of point of pick-up

ADDITIONAL RECOVERY TIME each _____ minutes of fraction thereof.
 This is time spent in the actual tow operation.

\$

EACH ADDITIONAL on tows outside of tow zone or _____ mile radius.

\$

USE OF DOLLIES WHEN NECESSARY:

Diligent effort shall be made by tow driver to unlock vehicles to be towed rather than to dolly the vehicle. This effort is part of the tow service, and no extra charge is to be made.

SERVICE CALLS-No towing required.

Day:

\$

Night:

\$

AFTER HOUR RELEASE

\$

STORAGE RATES

Outside (Per Day):

\$

Under Cover (Per Day):

\$

OTHER (explain) _____

Signature

Date

TOW COMPANY OWNERSHIP INFORMATION SHEET

BUSINESS OR BUSINESS OWNER NAME:			
BUSINESS ADDRESS:			
BUSINESS TELEPHONE:		EMAIL:	
BUSINESS OFFICE OPEN (CIRCLE DAYS OPEN):			
MONDAY	TUESDAY	WEDNESDAY	THURSDAY
FRIDAY	SATURDAY	SUNDAY	
HOURS OF OPERATION:			
FROM:		TO:	24/7: <input type="checkbox"/>
LIST:			
<p>(a) All partners and corporate shareholders having a 10% or greater financial interest in the business AND</p> <p>(b) all corporate officers</p>			
NAME	ADDRESS	PERCENTAGE INTEREST	POSITION
NAME	ADDRESS	PERCENTAGE INTEREST	POSITION
NAME	ADDRESS	PERCENTAGE INTEREST	POSITION
NAME	ADDRESS	PERCENTAGE INTEREST	POSITION

SIGNATURE

TITLE
DATE

**PERSONAL DISCLOSURE STATEMENT
BUSINESS OWNER, MEMBER, PARTNER,
CORPORATE SHAREHOLDER, OFFICER,
DIRECTOR**

(ATTACH TO COMPANY OWNERSHIP INFORMATION SHEET IF APPLICABLE)

ATTENTION: If necessary, use a separate sheet of paper to fully answer the following questions. The permit may be denied, suspended, or revoked if you make a false statement in this application, or for reasons specified in Sacramento City Code. **Application fees are non-refundable**

PRINT FULL NAME:			
OTHER NAMES YOU HAVE USED:			
PHONE:	CELL PHONE NUMBER:	EMAIL ADDRESS:	
CURRENT RESIDENCE ADDRESS:			
HOW MANY YEARS HAVE YOU LIVED IN CA:	DATE OF BIRTH:	DRIVER LICENSE:	
HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
U.S. CITIZEN:			
DO YOU CURRENTLY HOLD A VALID CITY OF SACRAMENTO? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type of permit?			
Have you ever had a permit or license revoked or denied, within this City? If yes, please explain:			
Are you familiar with the ordinances of the City of Sacramento and the laws of the State of California pertaining to the application? <input type="checkbox"/> YES I AM <input type="checkbox"/> NO I AM NOT			
HAVE YOU EVER BEEN CONVICTED OF A CRIME: (Include convictions by VERDICT, PLEA OF GUILTY, PLEA OF NO CONTEST, ANY FINES PAID, DIVERSION PROGRAMS COMPLETED, DUI). <input type="checkbox"/> NO <input type="checkbox"/> YES (give the date of the arrest, offense you were charged with and the CITY)			
APPLICANT SIGNATURE			
I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING ANSWER WILL RESULT IN THE DENIAL OR REVOCATION OF ANY PERMIT. I UNDERSTAND THAT VERIFICATION OF THE ACCURACY OF THE PRECEDING INFORMATION IS A MATTER OF PUBLIC RECORD AND MAY BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.			
Signature of Applicant: _____		DATE: _____	

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BUSINESS PERMITS, CITY HALL
915 I Street, Room 1201
Sacramento, CA 95814
(916) 808-5852
businesspermits@cityofsacramento.org

TOW VEHICLE PERMIT APPLICATION

Company Name: _____

I hereby request the City of Sacramento to begin the tow car vehicle permit process for (# of) _____ vehicles listed separately below. I understand the permit fees for each vehicle is assessed in advance and is non-refundable. I certify that the vehicles to be inspected meet the standards imposed by the City Code Chapter 5.144.

Signature

Date

Vehicle Listing

State Vehicle License Number(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOW VEHICLE CERTIFICATION FORM

THE TOW VEHICLE(S) LISTED BELOW HAVE BEEN INSPECTED AND MEET ALL THE STATE REQUIREMENTS FOR CERTIFICATION AS STATED IN CHAPTER 5.144 OF THE SACRAMENTO CITY CODE.

VEHICLE NO.:

CA. LICENSE NO:

CERTIFIED BY/DATE:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY UNDER PENALTY THE FORGOING INFORMATION IS TRUE AND CORRECT.

SIGNATURE

DATE

TOW COMPANY

ADDRESS

CITY STATE ZIP-CODE

CITY OF SACRAMENTO
REVENUE DIVISION, CITY HALL
915 'I' Street, Room 1201
Sacramento, CA 95814
(916) 808-5852
businesspermits@cityofsacramento.org

TOW VEHICLE CERTIFICATION
BRAKE LINING

I CERTIFY THERE IS AT LEAST TWENTY-FIVE (25) PERCENT OF THE BRAKE LINING REMAINING ON THE FOLLOWING VEHICLES:

LICENSE NUMBER: _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THE FORGOING INFORMATION IS TRUE AND CORRECT.

SIGNATURE DATE

TOW COMPANY

ADDRESS: _____

CITY STATE ZIP

**CITY OF SACRAMENTO
DEPARTMENT OF HUMAN RESOURCES
RISK MANAGEMENT DIVISION**

TOW TRUCKS

**REQUIREMENTS FOR
CERTIFICATES OF INSURANCE**

- 1) The City of Sacramento requires all certificates of insurance to be submitted on a standard Accord form or on the insurance company's letterhead. The City does not accept declaration pages. The named additional insured endorsement must accompany the certificate of insurance.
- 2) The Insurance Company must either be licensed to do business in the State of California or have an A M Best Guide Rating of A-VII or better.
- 3) The City of Sacramento must be listed as the certificate holder as well as an additional insured with respects to Commercial General Liability. Please list the City as: "The City of Sacramento, its officers, agents, employees & volunteers". The Additional Insured Endorsement page MUST be attached to Certificate of Insurance
- 4) The City of Sacramento does not accept California Assigned Risk until it is accepted by a valid insurance company which meets the requirements in number (1) above, and is on a standardized Certificate of Insurance form with a valid policy number.
- 5) For all Auto Liability insurance, the FULL Vehicle Identification Number(s) (VINs) and vehicle description(s) must be listed on the certificate of insurance or on an attached vehicle schedule.
- 6) The City of Sacramento requires a valid policy number to be provided by an insurance company that meets the requirements listed above. The City does not accept "binder numbers", "pending", "TBD", "to follow", "to be announced", etc.
- 7) The City of Sacramento requires a 30-Day written notice of cancellation to be designated on the certificate of insurance.

Requirements for Certificates of Insurance

915 "I" Street, 4th Floor Δ Sacramento, CA 95814-2604 Δ Phone 916.808.5556 Δ Fax 916.808.5160

www.cityofsacramento.org

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7/25/2017

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businesspermits@cityofsacramento.org | 916-808-5852

- 8) The Certificate of Insurance must be signed by a legitimate agent.
- 9) The issue date must be provided on the Certificate of Insurance as well as the policy's effective and expiration dates.
- 10) The amount of insurance must meet the minimum requirements as stated in the applicable City Code for Tow Trucks. That is City Code Section 5.144.090 which requires the following:

Limits of Liability

\$500,000 for Commercial General Liability or Garage Liability
\$500,000 for Commercial Auto Liability/On Hook Liability

\$500,000 for Garage Keeper's/On Hook Liability (If you will be storing vehicles)

Contract with the City's Police Department to be on the Tow Rotation: Mandatory Limits & Coverage

\$1,000,000 Commercial General Liability/Garage
\$1,000,000 Commercial Auto Liability

\$100,000 Garagekeeper's per occurrence/\$1,000,000 aggregate (Limit for SPD Rotation List)

\$1,000,000 Statutory and Employer's Liability

- 11) The business or company name must be listed as well as the insured's name. "Doing Business As" or DBA may be used. For example, John Smith, Doing Business As or DBA Smith's Tow-a-Rama.

If you have any questions on the above, please contact the Risk Management Office at (916) 808-5556.

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