

Tow Service Storage Lot Supplemental Application

Business Name:		Trade Name:	
Primary Business Address:	Phone Number ()		
Stree	et City, State	Zip	
List Ownership Interest: Using space and/or corporate officer with an ownersh			each individual, partner,
			Phone
	tions: List all other address		
Address (Street, City, State, 7	Zip)	Phone Number	C of O
Location and Description of the Tow S			
C of O: Add	dress:		
Description of the above facility:			
If leasing, please attach copy of lease ag	reement.		
All applicants must attach Surveyor's assigned.	Plat with storage space(s) c	learly identified for eac	h vehicle and/or for each business
Describe level of security:			
Description of Business Operations:			
Hours of Operation:A.M. to	P.M. Days of Operation	on:	
	Fee Schedule		
Storage Fees: \$Minimum Da	aily Fee: \$ Maxi	mum Daily Fee: \$	
	Conditional License Agreer		
TO BE GRANTED A LICENSE, APPL			
 To employ reasonable procedure individuals. 	res and requirements to insu	e that vehicles are relea	ased to rightful owners or authorized
• • •	•	_	hts for Towed Vehicle statement and
shall provide a copy of this stat	e to the person to whom the	vehicle is released.	
3. Shall comply with DCMR 16, 0	Chapter 405.1 through 405.7	of the Regulations.	
Signature of Applicant:		Date:	

NOTE: (1) If providing towing service from scene of an accident, a copy of an itemized receipt requested by DCMR 16, Chapter 406.1 through 406.6 of the Regulations and (2) Inspection certificate from the D.C. Department of Motor Vehicles for trucks not previously licensed.