



**Borough of Milltown**  
 Borough Clerk's Office  
 39 Washington Ave.  
 Milltown, NJ 08850  
 (732)828-2100 extension 181

# Wreckers License Application

**A List of ALL Proposed Rates Must Be Included with Application.**

If not included, Application will be deemed incomplete.

Date of Application \_\_\_\_\_

**Applicant Information:**

Name of Owner	Business Name	E-mail					
Phone Number - Day	Phone Number - Night	Business Phone Number					
Address of Business	Street Address	Town	State	Zip			
Address of Owner	Street Address	Town	State	Zip			
Address Where Wreckers Stored	Street Address	Town	State	Zip			
Hours of Operation	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
List other municipalities you are currently on a towing list for.							
Have you ever been removed from a Municipal Towing List? Explain.							

**Vehicles**

1.	Year	Make	Model
	Type	Serial Number of Body	Length of time the vehicle has been in service
2.	Year	Make	Model
	Type	Serial Number of Body	Length of time the vehicle has been in service
3.	Year	Make	Model
	Type	Serial Number of Body	Length of time the vehicle has been in service

**License Fee Calculation**

Upon receipt of notice by the Borough Clerk that an application has been approved and classified and upon receipt of payment from the applicant of a license fee of seventy-five (\$75.00) dollars for each license with one (1) wrecker and an additional fee of twenty (\$20.00) dollars for each additional wrecker to be licensed, the Clerk shall issue a license indicating whether the license is for light duty or heavy duty.

**I hereby agree to comply with all the rules and regulations set forth by the Federal, State and Local Government (Milltown Borough Code Chapter 4 §38). I further agree to pay the administrative fees associated with this license on time. I agree that failure to do so may result in the forfeiture of this license and my ability to operate in Milltown Borough.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Fee \_\_\_\_\_  Paid Cash  Paid Check # \_\_\_\_\_

Chief of Police

Approve  Reject

Signature \_\_\_\_\_ Date \_\_\_\_\_