

Please print this form from your browser, fill out and return to the Controllers Office in City Hall

CITY OF MICHIGAN CITY TOWING LICENSE APPLICATION

DATE: _____

TOWING COMPANY: _____

OWNER: _____

BUSINESS ADDRESS: _____

TELEPHONE: _____

VEHICLES TO BE LICENSED:

COLOR: _____ YEAR: _____

MAKE: _____ CAPACITY: _____

VIN: _____ LICENSE NO: _____

LICENSE YEAR: _____ INS. POLICY NO. _____

NOTE: A copy of the vehicle registration and copy of the insurance coverage must be furnished to the City Controller with this application.
A written statement of service to be provided must also be furnished as required by Section 70.50 (A) 1 thru 5.

POLICE DEPARTMENT INSPECTION

I have inspected the above described vehicle and found the following to be in reasonable good working order:

- (a) BRAKES YES _____ NO _____
- (b) WINSHIELD WIPERS YES _____ NO _____
- (c) LIGHTING..... YES _____ NO _____
- (d) WINCH & TOW MECHANISM YES _____ NO _____

(e) OTHER MECHANICAL FUNCTIONS THAT WOULD REASONABLE BE
A SAFETY FACTOR IN CONDUCTING A TOW OPERATION

..... YES _____ NO _____

COMMENTS:

DATE: _____ INSPECTED BY: _____
M.C. POLICE DEPT

ISSUED STICKER: _____
DATE & TIME