

**TOWING SERVICES**

**CITY OF ST. CHARLES**

TWO EAST MAIN STREET  
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: (630) 377-4445

FAX: (630) 377-4440

Application to Tow for the City of St. Charles • This is Not a Contract  
Return this application to the Mayor's Office

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Applicant is: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

List Applicant(s) Name Address Phone Date of Birth

\_\_\_\_\_  
\_\_\_\_\_

If Applicant is a Corporation, list names, address offices held and date of birth for all officers and directors

Name Address Office Date of Birth

\_\_\_\_\_  
\_\_\_\_\_

Number of years business been established in the City of St. Charles \_\_\_\_\_

Has Applicant (if partnership, any members thereof; or a corporation, the president or secretary thereof) ever been convicted of a felony? \_\_\_\_\_ . If Yes, attach explanation to this Application.

Has Applicant submitted any prior application to tow for the City that has been revoked or suspended? \_\_\_\_\_

If Yes, attach explanation to this Application.

Does Applicant tow for any governmental agency in DuPage/Kane County?

If Yes, list governmental agencies and years of participation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

State the business activities of this flfID aside from participation in police towing activities. \_\_\_\_\_

\_\_\_\_\_

List the following for all attendants and drivers who will conduct the police towing service.

Name Address Yrs. employed w/firm Training received Police Towing Experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TOWING SERVICES

Describe available equipment to be used in police towing services, particularly in terms of comparative qualities or capacities as related to minimum eligibility requirements \_\_\_\_\_

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Describe the communication system between the place of business and operating tow truck as well as the means utilized for ensuring prompt dispatch of trucks upon receipt of police department calls \_\_\_\_\_

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Describe the primary business location, including dimension and types of facilities available. \_\_\_\_\_

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List storage lot location(s), zoning classifications, dimensions, relationship to primary business operation and type of protection provided at each lot \_\_\_\_\_

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Name, address and phone of the building or property owner, **if** not the Applicant, where business will be operated. \_\_\_\_\_

**If** property is leased, give length of lease and date lease expires. \_\_\_\_\_

Name, address and phone of insurance company. \_\_\_\_\_

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Description and amount of insurance. \_\_\_\_\_

Policy Number. \_\_\_\_\_

Note: By signing this application, the Applicant agrees to all the provisions of Chapter 10.58 of the Municipal Code of the City of St. Charles.

Applicant Signature \_\_\_\_\_

For Office Use Only	
Investigation Date _____	Investigator _____
Recommendation _____	
_____	
_____	
Approval Date _____	Approved By _____