

City of Burlington
525 High Street
Burlington, NJ 08016
Municipal Clerk's Office
(609) 386-0200 x 102

2026 APPLICATION FOR POLICE TOWING SERVICES

Complete the following as thoroughly as possible. Failure to provide truthful and accurate information, omitting information, or falsely providing information may result in not being approved or being removed from towing for the City of Burlington. Be advised that contracted towing services to include storage facilities, vehicles, and billing are all subject to inspection and audit at ANY TIME.

Under New Jersey law (N.J.S.A. 39:4-56:8), every tow operator responding to an accident scene is required to remove all debris resulting from the crash – including glass, vehicle parts, fluids, and cargo – from the roadway and adjacent areas before leaving the scene.

Failure to fully clean the scene may result in suspension or permanent removal from the City's towing list. By signing this application, vendor acknowledges and agrees to comply with this statutory obligation on every call.

Towing companies not in good standing with any government agency may result in removal of the towing company from the City of Burlington's contracted towing list. Violations of the "Predatory Towing Act" will result in the removal from the City of Burlington's towing list. Failure to advise the City of Burlington Police Department of any investigation, suspension, or removal from any towing services in New Jersey, may result in the removal from the City of Burlington's Towing List. Failure to follow all guidelines for towing and fees set forth within the City of Burlington's Municipal Ordinance may result in the removal from the towing list. **License fee: \$100.00.**

Notice: This process requires tow company owners to be fingerprinted effective November 2024.

Applications need to be submitted by December 15th of the year prior to the application year.

Applicant Signature: _____

Signature is an acknowledgement of the above statement.



FINGERPRINTING

Thank you for applying for a Tow License with the City of Burlington.

Prior to the submission of this license application, the owner **must be fingerprinted**, effective November 2024. To ensure that your request is processed in a timely fashion, please submit your application at least 30 days prior to the requested issue date.

Instructions for fingerprinting:

1. Visit: <https://uenroll.identogo.com/>
2. Enter service code: 2F1HSX
3. Click 'Schedule or Manage an Appointment'
4. Enter your information
5. Enter ORI #: NJ0030500
6. Click 'Search'
7. Select: BURLINGTON CITY POLICE DEPARTMENT
8. Enter Contributor Case #: APPLICANT
9. Complete the remaining prompts
10. Submit a copy of your Service Confirmation email with your application to the City – see sample below and note that without this your application will be delayed

IdentoGO Service Confirmation - 2F1HSX- VOLUNTEER-VOX-State Only



nobody@uemail.identogo.com
To: Gabrielle Hodgson

Reply Reply All Forward ...
Tue 10/29/2024 12:40 PM

IdentoGO

Service Details:

| | |
|-----------------------|--|
| Customer: | TEST M DUMMY |
| UE ID: | UZNJ-SRYNNR |
| Service: | 2F1HSX - VOLUNTEER-VOX-State Only |
| Estimated Amount Due: | \$33.73 |
| Appointment Time: | 11/6/2024 @ 08:40 AM (EST) |
| Appointment Location: | IdentoGO 57 Haddonfield Rd Colwick Business Center Ste 110 Cherry Hill, NJ 08002-4813 |

We accept the following methods of payment: Authorization Code, Business Check, Money Order, Credit Card
Personal checks and cash will not be accepted

IMPORTANT!

YOU WILL BE REQUIRED TO BRING THE FOLLOWING DOCUMENTS TO YOUR ENROLLMENT. Legal Name must match exactly on all identification documents brought to enrollment.
1. Driver's License PERMIT issued by a State or outlying possession of the U.S.
All ID Documents must be the originals. Copies will not be accepted.

Status as of 10/29/24

Pre-Enrolled
You have successfully pre-enrolled.

Please provide 24 hours' notice when cancelling / rescheduling an appointment.
[Click here to check your status or manage your appointment](#)

This message is only for the use of the intended recipient and may contain information that is CONFIDENTIAL and PROPRIETARY to IDEMA USA, Inc. If you are not the intended recipient, please erase all copies of the message and its attachments and notify the sender immediately.

Towing Application

License No. _____

Date Received: _____

This application requires the following to be considered complete.

- ☐ \$100.00 License Fee
- ☐ IdentoGO fingerprint Service Confirmation email
- ☐ Provide a copy of each Vehicle's Registration
- ☐ Provide a copy of each Vehicle's Insurance Card
- ☐ Provide a copy of each Operator's Driver's License
- ☐ Provide a copy of the warning light permits for each Vehicle
- ☐ Provide photographs of each Vehicle that will be utilized
- ☐ Provide a detailed sketch and photograph of the storage facility being utilized
- ☐ Provide an up-to-date copy of the Insurance Certificate for the storage facility. The licensee

SHALL carry insurance, as follows:

- ☐ Comprehensive auto liability in the amount **not less** than \$1,000,000.⁰⁰
- ☐ Worker's compensation coverage as required by State Law
- ☐ Garage keeper's liability in an amount **not less** than \$60,000.⁰⁰ per location
- ☐ Comprehensive general liability coverage in amount not less than \$1,000,000/per person
- ☐ Comprehensive general liability coverage in amount not less than \$3,000,000/per accident
- ☐ Endorsements providing for collision coverage for Vehicles in tow
- ☐ Endorsements incorporating the indemnification provision set forth in Chapter 326
- ☐ Endorsements **naming the City of Burlington** as an additional insured in ALL insurance policies – except workers compensation policies – for licensees on the City's on-call list
- ☐ Provide a non-discrimination statement
- ☐ Provide a fair wages, hours, terms of employment statement agreeing to comply with all State & Federal laws
- ☐ Provide current Fee Schedule for towing, storage, separately listing towing and storage fees for automobiles and other motor vehicles and other related services i.e., cleanup, mileage.
- ☐ Signed acknowledgement of the Predatory Towing Act
- ☐ All licensees shall hold harmless and indemnify the City of Burlington, its Officers, Employees and Agents from any liability claims, losses, damage, arising or alleged to arise from the performance of the towing services requested of or rendered by the licensee. The City of Burlington shall be named as an additional insured on the Tow Operators liability policies as set forth in Chapter 326.

Notice: Do NOT send driving abstracts and do NOT staple or bind this document. Please provide this application as a single-sided, unbound document.

Towing Application

License No. _____

Date Received: _____

Towing Business Name: _____

Towing Business Address: _____

Towing Business Phone: _____

Towing Business Email: _____

Towing Business Website: _____

☐ Check here if your towing operation is 24 hours

OR complete below

Towing Business Hours: _____ AM/PM -- _____ AM/PM

Business Owner Name: _____

Business Owner Address: _____

Business Owner Phone: _____

Business Owner Email: _____

Business Owner Date of Birth: _____ / _____ / _____

Business Owner Social Security #: _____ - _____ - _____

Business Driver's License Security #: _____

Emergency Contact

Other than Business Owner Name: _____

Emergency Contact Address: _____

Emergency Contact Phone: _____

Towing Application

License No. _____

Date Received: _____

Location(s) from which tow truck or wrecker will be responding:

If you are towing for or under the auspices of another business, or you are utilizing a storage facility other than your own, please provide the following information:

Operating Business Name: _____

Operating Business Address: _____

Operating Business Phone: _____

Owner's Name: _____

Owner's Phone: _____

Owner's DOB: _____

Owner's SS #: _____

Owner's DL #: _____

Please provide an attached with the following information for each one of your vehicles:

- ☐ Year
- ☐ Make
- ☐ Model
- ☐ Type
- ☐ VIN
- ☐ License Plate
- ☐ Note on the document the year it's been Used Since e.g., "2008"
- ☐ Availability

Towing Application

License No. _____

Date Received: _____

1 - List ALL Municipalities in which you have rendered contracted towing services for w/in the past five (5) years.

A. Municipality: _____
Contact Name: _____
Position: _____
Phone: _____
Email: _____

B. Municipality: _____
Contact Name: _____
Position: _____
Phone: _____
Email: _____

C. Municipality: _____
Contact Name: _____
Position: _____
Phone: _____
Email: _____

D. Municipality: _____
Contact Name: _____
Position: _____
Phone: _____
Email: _____

E. Municipality: _____
Contact Name: _____
Position: _____
Phone: _____
Email: _____

Towing Application

License No. _____

Date Received: _____

2 - Between 2018 and present day, have you personally, any of your current employees or any business in which you had interest in, been suspended, removed or subject or any investigation by contracting municipalities? (circle one) YES / NO

If yes, provide details: _____

3 – Vehicle Storage Facilities Location(s). Please also provide a sketch of your lot.

Facility One

Street Address: _____

City: _____ State: _____ Zip Code: _____

Number of spaces for vehicles: _____

Facility Two (if applicable)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Number of spaces for vehicles: _____

4 - Is the above listed storage facility in compliance with all Zoning & Code Regulations? (circle one)

YES / NO

5 - In the event you provide contractual towing services for the NJ State Police, please provide what barracks and the contact information that barracks?

Barrack: _____

Contact Name: _____

Phone: _____

Email: _____

Towing Application

License No. _____

Date Received: _____

6 - Have you, any of your current employees, any company or business with whom you've been employed with or had ownership interest in, been subject to an investigation, removal or suspension from towing services by the NJ State Police? (circle one) YES / NO

If yes, provide details: _____

7 - Have you, any of your current employees, any company or business with whom you've been employed with or had ownership interest in, been subject to an investigation by the NJ Attorney General's Office, Division of Consumer Affairs? (circle one) YES / NO

If yes, provide details: _____

8 - Have you, any of your past or present employees, any company or business with whom you've been employed with or had ownership interest in, been investigated or found to be in non-compliance with provision of "The Predatory Towing Act"? (circle one) YES / NO

If yes, provide details: _____

Towing Application

License No. _____

Date Received: _____

9 - Has your business changed name or ownership within the last five (5) year? (circle one)

YES / NO

If yes, provide details: _____

10 - Have you, any of your current employees, or your business been subject to any civil actions as a result of any facet of the towing business? (circle one) YES / NO

If yes, provide details: _____

11 - Have there been any complaints from vehicle owners, insurance companies, or any other involved party in reference to thefts from vehicles towed by your company and housed at your facility? (circle one)

YES / NO

If yes, provide details: _____

Towing Application

License No. _____

Date Received: _____

12 - Are there any liens against you or your business? (circle one) YES / NO

If yes, provide details: _____

13 - Please provide details on your camera security footage below.

Do you have cameras: YES / NO

How many cameras are on your property: _____

How long is the camera footage retained: _____

What areas of the facility are recorded: _____

Are there any areas of your facility that are **not covered** by cameras: YES / NO

If yes, explain: _____

14 - Do you provide any contractual or non-contractual towing services for apartment complexes, shopping centers, HOAs, private businesses, etc.? (circle one) YES / NO

If yes, provide locations: _____

Towing Application

License No. _____

Date Received: _____

Affidavit of Availability, Compliance and Non-Collusion

I, _____, of the City of _____, in the County of _____, and the State of _____, of full age, being duly sworn according to law of my oath depose and sat that I and anyone employed by my company shall comply with all provisions of this ordinance, Predatory Towing Act as the application.

I have sufficient personnel and equipment to provide 24-hour towing service every day of the year. I understand that response time to the scene of the requested tow, under reasonable circumstances, shall be no longer than 15 minutes.

I understand that prior to departing the scene of a tow service, the **scene will be cleaned and the street clear of any customary debris** resulting from the crash or incident. Each tow vehicle shall, at all times, carry the necessary equipment to perform such cleaning services.

I understand that any changes in my equipment/vehicle must be immediately reported to the City of Burlington Police Department, in writing.

I understand that a non-refundable \$100 application fee must be submitted with this application. The fee shall be annual fee which is due to the City or Burlington prior to the application year.

I understand that the licensee shall expires at the end of the calendar year, December 31st, of the year in which the license was issued.

I have not, directly nor indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive trade with respect to this application

All statements in this application are true and correct, made with full knowledge that this Municipality relies upon the truth of the statements in this application and in the statements contained in the affidavit in the issuance of the license applied for.

Applicant Name: _____ Applicant's Signature: _____ Date: _____

(If different than applicant)

Owner's Name: _____ Owner's Signature: _____ Date: _____

(If Not Owned by Tow Company completing this application)

Tow Company Rep: _____ Tow Company Rep Signature: _____ Date: _____

NOTARY

Subscribed and sworn to me this _____ day of _____, of 202__ (Affix Seal Here)

Signature



CITY OF BURLINGTON
Bureau of Fire Prevention

575 High Street Burlington, New Jersey 08016
Phone (609) 386-0200 ext. 171 Fax (609) 386-0214

www.burlingtonnj.us



Fire Dept. Use Only

DATE: _____

Entered _____ Insp. Month _____ Insp. _____

REGISTRATION INFORMATION – PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED

PLEASE CHECK ONE:

☐ **NEW TENANT**

☐ **CHANGE OF OWNERSHIP**

☐ **RENOVATIONS OF EXISTING TENANT**

☐ **UPDATE OF INFORMATION**

City of Burlington Bureau of Fire Prevention enforces State Legislation, Public Law 1983, Chapter 383 N. J. S. A. 52: 27D- 192 et. Seq. that provides for the establishment of a Uniform State Fire Safety Code. This requires the annual registration and periodic fire inspections of all businesses and buildings. Every business and / or building owner must respond. The application must be returned to this office within 30 days with all items completed. Failure to do so will constitute a violation of State Regulations and may be subject to a penalty fine of not less than \$100.00 and not more than \$1,000.00. **IN ORDER TO KEEP BURLINGTON CITY A FIRESAFE COMMUNITY, WE ARE ASKING FOR YOUR FULL COOPERATION.**

1. **NAME OF BUSINESS:** _____

PHYSICAL STREET ADDRESS: _____

BUSINESS PHONE #: _____

CONTACT PERSON: _____

CONTACT PERSON EMAIL: _____

DESCRIPTION OF BUSINESS: _____

SQUARE FOOTAGE OF BUSINESS (REQUIRED): _____

IF THIS IS AN EXPANSION OF AN EXISTING BUSINESS AT THIS LOCATION, WHAT IS THE TOTAL
NEW SQUARE FOOTAGE? _____

OCCUPANCY LOAD: _____ IS ALCOHOL SERVED? _____

2. **OWNER OF BUSINESS:** _____

OWNER ADDRESS _____

OWNER PHONE #: _____

OWNER EMAIL: _____

3. **PREVIOUS TENANT (if applicable):** _____

4. IF BUSINESS IS A CORPORATION:

PRESIDENT: _____

CORPORATE HEADQUARTERS ADDRESS : _____

CORPORATE TELEPHONE #: _____

5. LANDLORD/OWNER OF BUILDING: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____

6. FACILITIES MANAGER / RESPONSIBLE PARTY FOR THIS BUSINESS, IF DIFF THAN #1

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

7. BILLING/BUSINESS MAILING ADDRESS, IF DIFFERENT THAN #1

BILLING NAME: _____

BILLING ADDRESS, CITY, STATE: _____

BILLING PHONE: _____

8. LIST UP TO TWO 24/7 EMERGENCY CONTACT PERSONS (KEPT CONFIDENTIAL)

NAME: _____ NAME: _____

CELL PHONE: _____ CELL PHONE: _____

9. DESCRIBE BRIEFLY ANY FLAMMABLE, COMBUSTIBLE LIQUIDS OR HAZARDOUS MATERIALS AND CHEMICALS HANDLED OR STORED:

I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS REGISTRATION ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO THE PENALTIES PRESCRIBED BY LAW.

SIGNATURE OF OWNER OR REPRESENTATIVE: _____

PRINTED NAME OF OWNER OR REPRESENTATIVE: _____

Towing Application

License No. _____

Date Received: _____

FOR INTERNAL OFFICE USE ONLY

(Required Approvals)

A. TOWING APPLICATION COMPLETION & FEE:

Fee/Amt. Pd. \$ _____ Cash/Check # _____

Signature of Municipal/Deputy Clerk: _____ DATE _____

B. POLICE INVESTIGATION: ☐ Approved ☐ Denied

REMARKS: _____

Chief of Police Signature: _____ DATE _____

C. FIRE PREVENTION REGISTRATION: ☐ Approved ☐ Denied

REMARKS: _____

Fire Marshall Signature: _____ DATE _____