



TOW TRUCKS BUSINESS LICENSE APPLICATION
Details of Interest in Other Premise Types

AFFILIATE BUSINESS NAME: _____

ADDRESS: _____ UNIT: _____ CITY/TOWN: _____

POSTAL CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

SIZE OF THE PREMISES: _____

KIND AND EXTENT OF THE INTEREST:

OWNER

PART OWNER

INVESTOR

OTHER

IF OTHER, PLEASE EXPLAIN:

AFFILIATE BUSINESS NAME: _____

ADDRESS: _____ UNIT: _____ CITY/TOWN: _____

POSTAL CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

SIZE OF THE PREMISES: _____

KIND AND EXTENT OF THE INTEREST:

OWNER

PART OWNER

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OTHER

IF OTHER, PLEASE EXPLAIN:

AFFILIATE BUSINESS NAME: _____

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SIZE OF THE PREMISES: _____

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IF OTHER, PLEASE EXPLAIN:

AFFILIATE BUSINESS NAME: _____

ADDRESS: _____ UNIT: _____ CITY/TOWN: _____

POSTAL CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

SIZE OF THE PREMISES: _____

KIND AND EXTENT OF THE INTEREST:

OWNER

PART OWNER

INVESTOR

OTHER

IF OTHER, PLEASE EXPLAIN:

FULL PARTICULARS OF ANY CONTRACT, ARRANGEMENT, AGREEMENT, OR UNDERSTANDING GIVING THE TOW TRUCK OWNER THE INTEREST FOR EACH INDICATED ABOVE: (COPY OF AGREEMENT WILL BE ACCEPTED):
