



City of Shawnee  
11110 Johnson Drive  
Shawnee, KS 66203

## TOW SERVICE PROVIDER AGREEMENT APPLICATION

☐ New  
☐ Renewal

### SECTION 1 – BUSINESS AND APPLICANT INFORMATION (APPLICANT)

BUSINESS INFORMATION Check box if home-office <input type="checkbox"/>	APPLICANT INFORMATION Check box if home-office <input type="checkbox"/>
Business Name _____	First Name _____ MI _____ Last Name _____
Business Address _____	Home Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Contact Person _____	Date of Birth _____
Office Telephone _____	Home Telephone _____
Emergency No. _____ Fax No. _____	Emergency No. _____ Fax No. _____
Email Address _____	Email Address _____

### SECTION 2 – OFFICER, PARTNER, AND MANAGER INFORMATION (APPLICANT)

NAME	ADDRESS	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

### SECTION 3 – TOW TRUCK INFORMATION (APPLICANT)

TAG NO. (3 TRUCK MIN3)	VIN NO.	MAKE/MODEL	LOT LOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### SECTION 4 – LICENSING HISTORY (APPLICANT)

<b>ARE YOU AUTHORIZED TO PROVIDE TOW SERVICES FOR ANY OTHER CITY?</b>  o YES* o NO  _____ <i>*If yes, what city?</i>	<b>HAS A BUSINESS LICENSE OR AGREEMENT TO OPERATE A BUSINESS OR PROVIDE TOW SERVICES TO ANOTHER CITY EVER BEEN SUSPENDED, REVOKED OR DENIED?</b>  o YES* o NO  _____ <i>*If yes, when &amp; where?</i>
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### SECTION 5 – ATTACHMENTS (APPLICANT) (check all that apply)

PROOF OF DATE OF BIRTH (COPY OF BIRTH CERTIFICATE OR VALID DRIVER'S LICENSE)	<input type="checkbox"/> ATTACHED	<input type="checkbox"/> ON FILE
PROOF OF INSURANCE	<input type="checkbox"/> ATTACHED	<input type="checkbox"/> ON FILE
CAB CARD ISSUED BY KCC FOR EACH VEHICLE or UNIFIED CARRIER REGISTRATION	<input type="checkbox"/> ATTACHED	<input type="checkbox"/> ON FILE
SHAWNEE BUSINESS LICENSE*	<input type="checkbox"/> ATTACHED	<input type="checkbox"/> ON FILE
FILING FEE (New: \$150.00   Renewal: \$50)	<input type="checkbox"/> ATTACHED	

*\*You must complete a Shawnee Business License Application in addition to this form.*

### SECTION 6 – ACKNOWLEDGEMENT AND SIGNATURE (APPLICANT)

**CERTIFICATION:** I declare that the foregoing statements are true and correct. I further understand that any misrepresentation or omission of facts upon this application will be reason for denial of a tow service provider agreement. I hereby authorize the City, its agents and employees to seek information and conduct an investigation into the truth of statements in this application.

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

Print Name \_\_\_\_\_ Company \_\_\_\_\_

### SECTION 7 – APPROVAL (CITY)

Approved By: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_



## Emergency Contact Information

Sometimes it may be necessary for the Police Department to contact authorized personnel of your business after normal business hours. Please list at least two (2) persons that can be contacted by the Police Department, should it become necessary. They should have door keys and be able to respond to assist officers if needed.

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

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

**First Contact Name:** \_\_\_\_\_

Residence Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Second Contact Name:** \_\_\_\_\_

Residence Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Third Contact Name:** \_\_\_\_\_

Residence Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Do you have an alarm system? ☐ Yes ☐ No

If yes, what type? ☐ Robbery ☐ Burglary

Alarm Company Name: \_\_\_\_\_

Alarm Company Telephone: \_\_\_\_\_

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

**If you would prefer future update requests via your business e-mail, please supply your e-mail address:** \_\_\_\_\_

Print this form, complete the information and return it to the Community Development Department at City Hall.