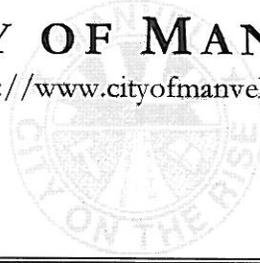


CITY OF MANVEL

<http://www.cityofmanvel.com>

PO Box 187
Manvel, Texas 77578

Phone: (281) 489-0630
Fax: (281) 489-0634



WRECKER PERMIT APPLICATION

NAME OF APPLICANT _____

ADDRESS _____

PHONE NUMBER _____

IS APPLICANT AN INDIVIDUAL, PARTNERSHIP OR A CORPORATION?

IF A PARTNERSHIP, PROVIDE THE FOLLOWING INFORMATION:

PARTNERSHIP NAME AND ADDRESS: _____

NAME AND ADDRESSES OF ALL PARTNERS:

IF A CORPORATION, PROVIDE THE FOLLOWING INFORMATION:

CORPORATE NAME AND OFFICE ADDRESS:

PRESIDENT'S NAME: _____

ADDRESS: _____

SECRETARY'S NAME: _____

ADDRESS: _____

NUMBER OF WRECKERS OWNER WILL OPERATE _____

PLEASE PROVIDE THE FOLLOWING FOR EACH VEHICLE:

MAKE: _____ MODEL: _____

MOTOR NUMBER: _____ STATE TOW TAG NO.: _____

STATE LICENSE NUMBER: _____

MAKE: _____ MODEL: _____

MOTOR NUMBER: _____ STATE TOW TAG NO.: _____

STATE LICENSE NUMBER: _____

WILL THIS PERMIT BE FOR A TRANSFER AND SERVICE PERMIT? _____

WILL THIS PERMIT BE FOR A WRECKER PERMIT? _____

STORAGE LOT ADDRESS: _____

FEES:

FOR TRANSFER AND SERVICE PERMITS \$50.00 EACH

FOR WRECKER PERMITS \$100.00 EACH

PROOF OF INSURANCE IS REQUIRED AND SHALL BE SUBMITTED IN THE FORM
OF A "CERTIFICATE OF INSURANCE" ISSUED TO THE CITY OF MANVEL
AND MUST BE ATTACHED TO THE APPLICATION.

**ONCE APPLICATION IS SUBMITTED WITH THE FEE AND NECESSARY
DOCUMENTATION IT WILL BE FORWARDED TO OUR CHIEF OF POLICE FOR
APPROVAL.**

**ALL PERMITS WILL EXPIRE ON THE LAST DAY OF DECEMBER AND
APPLICATIONS FOR RENEWAL AND RENEWAL FEE MUST BE SUBMITTED 30
DAYS PRIOR TO EXPIRATION DATE.**

WRECKER LICENSE APPLICATION

WE WILL REQUIRE A 2 X 2 PHOTO AT TIME OF PERMIT SUBMITTAL

FULL NAME OF APPLICANT _____

SPECIFIC ADDRESS FOR APPLICANT _____

DATE OF BIRTH OF APPLICANT: _____

NAME OF PERSON THE APPLICANT PROPOSES TO BE EMPLOYED: _____

PERSONAL DESCRIPTION:

AGE: ___ HEIGHT: _____ SIZE: ___ RACE: ___ EYE COLOR: ___ COMPLEXION: ___ HAIR COLOR: _____

BODY/FACIAL MARKS: _____ DEFECTS: _____ FULL FINGERPRINTS: Y ___ N ___

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS. IF ANY OF YOUR ANSWERS ARE YES PROVIDE A WRITTEN STATEMENT EXPLAINING YOU ANSWER.

- Have you ever been convicted of a felony? Y ___ N ___
- Have you ever had a police record with conviction of misdemeanor? Y ___ N ___
- Have you committed any violation of the State law regulating auto wreckers? Y ___ N ___
- Have you committed any violation of the ordinance regulating auto wreckers? Y ___ N ___
- Have you violated any rules or regulations issued by the authority of the Chief of Police? Y ___ N ___
- Have you had more than two (2) at-fault accidents within the last three (3) years? Y ___ N ___
- Have you had more than four (4) convictions for moving violations under the motor vehicle traffic laws of the State within the last three (3) years? Y ___ N ___
- Have you knowingly supplied false or incomplete information to obtain or maintain a license? Y ___ N ___
- Have you been placed on probation, or convicted of a crime involving moral turpitude within the last ten (10) years? Y ___ N ___

PLEASE PROVIDE A COPY OF YOUR STATE OPERATORS LICENSE.

STORAGE LOT ADDRESS: _____

DRIVERS LICENSE NUMBER _____ STATE _____

SIGNATURE OF APPLICANT _____ DATE: _____

APPROVED BY: _____ DENIED BY: _____ DATE: _____

VALID FOR 1 YEAR EXPIRES JANUARY 31ST. MUST BE RENEWED 30 DAYS PRIOR TO EXPIRATION