

#### **ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION**

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4400 • broward.org/consumer

# Vehicle Immobilization and/or Towing License Application Information and Instructions

## **Immobilization Supporting Documents**

You must attach the following supporting documentation to your application:

- 1. Certificate of Insurance for Immobilization: property damage liability coverage (minimum \$50,000 limit per occurrence) and Workers Compensation as required by state law, naming **Broward County**Environmental and Consumer Protection Division as Certificate Holder.
- **2.** Articles of Incorporation which includes a listing of all officers, directors and shareholders, Corporate Certificate and/or Fictitious Name Registration. (Not required if corporation and/or fictitious name previously submitted is the same and active.)\*
- 3. Copies of operational procedures (or written description) which includes: description of location/places of business, listing of equipment, complaint and accident handling procedures, vehicle release procedures, insurance coverages and description of communication system, days and hours of operation; phone contacts for vehicle release, complaints and accidents; types of immobilization services to be provided; and forms of payment to be accepted for vehicle release.\*
- **4.** A copy of your current Broward County Business Tax Receipt. (AKA "Occupational License")
- **5.** A copy of the owner's or each corporate officer's, director's or partner's driver license.
- **6.** A completed criminal background check authorization for each owner, officer, director or partner. (every 3 years)\*
- **7.** An additional signature sheet (if not enough space on page 3) for each owner, officer, director or partner signature.\*
- **8.** Demonstrate verifiable, real life experience in immobilizing vehicles and financial trustworthiness. (current contracts to perform immobilization services for law enforcement, property owners, etc.)\*

\*Items 2, 3, 6, 7 and 8 are not required at time of renewal if no changes have occurred from initial application

# **Immobilization Operating License Fees**

•	Application Fee	\$422.40
	Extension Fee	
•	Renewal Fee	\$422.40
•	Expedited Fee	\$184.79
	FDLE Background Check	
	*Additional charge for out of state background check (outside of Florida within 5 years).	······· <b>,</b> — ·

## **Payment Methods**

Check or Credit Card

Make checks payable to *Broward County Board of County Commissioners* or complete our credit card authorization form for credit cards.

## **Towing Supporting Documents**

You must attach the following supporting documentation to your application:

CLASS A & B: Certificate of Insurance for Towing Coverage: Automobile liability (minimum \$100,000 per person, \$300,000 per occurrence for bodily injury, and \$50,000 per occurrence for property damage, or a \$300,000 combined single limit, general liability, on-hook cargo liability, garage liability or garagekeeper's legal liability) and workers compensation as required by state law naming Broward County Environmental & Consumer Protection Division, 1 North University Drive, Box 302, Plantation, FL 33324, as the Certificate Holder.

CLASS C: Certificate of Insurance for Towing Coverage: Automobile liability (minimum \$100,000 per person, \$300,000 per occurrence for bodily injury, and \$100,000 per occurrence for property damage, or a \$300,000 combined single limit, general liability, on-hook cargo liability, garage liability or garagekeeper's legal liability) and workers compensation as required by state law naming Broward County Environmental & Consumer Protection Division, 1 North University Drive, Box 302, Plantation, FL 33324, as the Certificate Holder.

CLASS D: Certificate of Insurance for Towing Coverage: Automobile liability (minimum \$300,000 per person, \$500,000 per occurrence for bodily injury, and \$100,000 per occurrence for property damage, or a \$500,000 combined single limit, general liability, on-hook cargo liability, garage liability or garage keeper's legal liability) and workers compensation as required by state law naming Broward County Environmental & Consumer Protection Division, 1 North University Drive, Box 302, Plantation, FL 33324, as the Certificate Holder.

- 2. Articles of Incorporation which includes a listing of all Officers, Directors and Shareholders, Corporate Certificate and/or Fictitious Name Registration. (Not required if corporation and/or fictitious name previously submitted is the same and active)\*
- 3. A copy of your current Broward County Business Tax Receipt. (AKA "Occupational License")
- 4. A copy of the owner's or each corporate officer's, director's or partner's driver license.\*
- **5.** A completed criminal background check authorization for each owner, officer, director or partner. (every 3 years)\*
- **6.** An additional signature sheet (if not enough space on page 3) for each owner, officer, director or partner signature.\*
- **7.** Provide documentation to the Division that the tow truck has been inspected by a municipal or other law enforcement agency. This shall exempt from our inspection requirement.
- 8. Completed list of tow trucks (page 6) and copy of each State of Florida Vehicle Registration.

\*Items 2, 4, 5, and 6 are not required at time of renewal if no changes have occurred from initial application

# **Towing Operating License Fees**

•	Application Fee	.\$554.39
•	Extension Fee	.\$79.20
•	Renewal Fee	.\$554.39
•	Expedited Fee	.\$237.59
•	Annual Storage Site Inspection Fee	.\$105.59
•	Storage Site Reinspection Fee	.\$52.80
•	FDLE Background Check	.\$24
	*Additional charge for out of state background check (outside of Florida within 5 years)	

#### **Decal Fees** (per truck)

•	Application Fee	\$158.40
•	Extension Fee	\$26.40
•	Renewal Fee	\$158.40
•	Expedited Fee	\$79.20
•	Replacement Decal Fee	\$31.68

## **Payment Methods**

Check or Credit Card

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## **Vehicle Immobilization and/or Towing License Application**

Immobilization	Towing					_	Permit Year	
□ New	□ New	☐ Rene	ewal	☐ Both				
☐ Renewal	☐ Consent	t □ Non-	consent					
Business Informa	tion							
			Business Acco	unt		Busines	s Federal ID #	
☐ Individual ☐ Partnership ☐ Corporation								
Business Name								
DBA Name, (if different)								
Business Address			City			State	Zip	
Business Mailing Address			City			State	Zip	
Business Phone		Business Fax	<u> </u>		Busine	ss Mobile	Phone	
Email		Contact Perso	n Nama		Conto	at Daras	n Direct Phone	
Email		Contact Perso	on Name		Conta	ct Persor	i Direct Priorie	
<b>Business Owners</b>	. Partners.	Directors	and Offic	er Informa	ation			
☐ Owner ☐ Partner	☐ Director	☐ Officer						
Name				F	Federal ID # o	or Driver	License #	
Address								
☐ Owner ☐ Partner	☐ Director	☐ Officer						
Name	Director	- Officer		F	ederal ID # o	or Driver	License #	
Address								
/ tadiood								
☐ Owner ☐ Partner	☐ Director	☐ Officer		1 -		D-i	1:	
Name					Federal ID # o	or Driver	License #	
Address				I				
Yes No								
	-t-u -#:u							
	ctor, officer, owne ed of a crime or h						in managing your business	
#			handinan in 1991	n	-44	-45	manus and annual screen	
If yes, attach a summary sheet information, including a copy of			uaing individua	rs name, crime, d	ate of convid	ction, se	ntence and any other relative	

#### **License Conditions**

- 1. By accepting this license, licensee agrees to comply with all applicable conditions, rules and regulations contained in Chapter 20, Article VII, Division 2 of the Broward County Code of Ordinances with respect to the conduct of the business operated pursuant to this license; and subject likewise to the terms and provisions of all applicable federal, state and local laws, as amended from time to time.
- 2. Licensee agrees that it is bound by the statements, representations and conditions made during the issuance and/or renewal process, the information filed with County and further acknowledges, by its execution of this license, that it has read and reviewed the relevant provisions of the Broward County Administrative Code and the Broward County Code of Ordinances, as amended or reissued, as they relate to the services to be provided under this license.

Si	gnature	
ap thi	olication and understand that violating any con	und by the License Conditions as set forth on page 2 of this addition may result in suspension, revocation and/or non-renewal of e information I provide with my application, except credit card onsidered confidential.
	Signature	Date
	Print Name	Print Title
2.	Signature	Date
	Print Name	Print Title
3.	Signature	Date
	Print Name	Print Title

Office Use Only				
Date Received	Receipt No.	Amount Paid	Processor	License Year



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## **Authorization for Criminal Background Check**

Personal Information							
Last Name	First Name				Middle		
Driver License #			State				
Other Prior Names/Aliases/Maiden Name							
Current Address			City		State	Zip	
How long have you lived in Florid	a? Y	ears	Months	3			
Previous Address (if less than 5 years in Florida	)		City		State	Zip	
Previous Address (if less than 5 years in Florida)			City		State	Zip	
Sex Date of Birth Place of Birth			of Birth			Citizensh	<sup>ip</sup> Resident
Race/Ethnic Categories							
☐ White (not of Hispanic origin) ☐	Black (not of Hispanic ori	igin)	☐ Hispanic	☐ Asian or Pacific	slande	r	
☐ American Indian or Alaskan Native							
I certify that the above informatio Division will use it to obtain infor				vironmental and	Consun	ner Prote	ection
Applicant Signature			Date				



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#### **Tow Truck List**

You must provide the following information for each vehicle and current State of Florida Vehicle Registrations for each truck.

Vehicle		Vehicle Vin #		License Tag		JSE ONLY
Year	Make/Model	(Last 6 digits)	License Tag #	License Tag Exp. Date	Date Issued	New Permit #
1						
2						
3						
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## **Tow Truck Storage Facilities**

You must provide the following information for all storage facilities you operate.

Facility 1							
Name of Facility							
Address		City		State	Zip		
Phone	Fax		Contact Person				
Facility 2							
Name of Facility							
Address		City		State	Zip		
Phone	Fax		Contact Person				
	<u> </u>						
Facility 3							
Name of Facility							
Address		City		State	Zip		
Phone	Fax		Contact Person				
Facility 4							
Name of Facility							
Address		City		State	Zip		
Phone	Fax		Contact Person				
Facility 5							
Name of Facility							
Address		City		State	Zip		
Phone	Fax		Contact Person				
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