



MUNICIPALITY OF ANCHORAGE
 OFFICE OF THE MUNICIPAL CLERK
 P.O. Box 196650 (632 W. 6th Ave., Ste 250)
 Anchorage, Alaska 99519-6650

For Office Use Only

License No. _____

Date Issued _____

TOW OPERATOR LICENSE APPLICATION

(LICENSES ARE NOT TRANSFERABLE)

PLEASE PRINT OR TYPE INFORMATION

Application Date: _____

I, _____, hereby make application for a New or Renewed **TOW OPERATOR LICENSE** in accordance with Title 10 of the Anchorage Municipal Code for the 20_____, 20_____ license years.

Applicant's Name: _____ (Phone) _____

Applicant's Mailing Address: _____ (Zip) _____

Applicant's Street Address: _____ (Zip) _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____ (Zip) _____

Business Street Address: _____ (Zip) _____

Impound Yard Address _____

Description Of Services Offered: (check those that apply)

- Private Party Impounds (PPI)
- Towing
- APD Rotation Tows
- Repossession
- On Site Releases

Provide The Following With Your Application:

- Proof Of Insurance As Required By Section 10.54.040 _____
- Proof Of State Vehicle Registration For Each Vehicle To Be Used (**please attach a copy**) _____
- Copy Of As-Built Of Impound Yard _____
- Copy Of Current Rate Sheet (Typed) _____

Note: State of Alaska business license is required.

• State of Alaska Business License No. _____ Date Issued _____ Expiration date _____

IF BUSINESS ENTITY, PLEASE COMPLETE:

Corporate Officer's Name	Address	Zip Code	Telephone
Registered Agent:			

State of Alaska)
) ss:
 Third Judicial District)

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application and authorized agent for this business that the answers to the questions and other statements contained in this application are true and complete to his/her knowledge.

Subscribed and Sworn to before me this _____ day of _____, 20_____.

 Signature of Applicant

 Notary Public
 My commission expires: _____

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I.D. Furnished and Number	Fee Paid: \$	Cash	Check No.	Receipt No.