



MUNICIPALITY OF ANCHORAGE
 OFFICE OF THE MUNICIPAL CLERK
 P.O. Box 196650
 Anchorage, Alaska 99519-6650
 MuniLicenses@anchorageak.gov

For Office Use Only
License #: _____
Date Issued: _____

TOW OPERATOR LICENSE APPLICATION
(LICENSES ARE NOT TRANSFERABLE)

PLEASE COMPLETE THE FOLLOWING INFORMATION: (Type or Print)

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_____ license year.

_____ (Initial) I have read and understand AMC 10.54 and will comply with all applicable requirements of Title 10.

Applicant's Name*: _____ (Phone) _____

**Applicant shall be the owner of the business to be licensed.*

Applicant's Mailing Address: _____

Applicant's Street Address: _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____

Business Street Address: _____

Email Address (required**): _____

***All correspondence regarding this application and subsequent license will be sent via provided email address.*

Impound Yard Address: _____ (After Hours Phone Number) _____

PLEASE COMPLETE THE FOLLOWING:

1. Address where the vehicle(s) to be licensed will be stored: _____
2. Number of tow only vehicles: _____ Number of PPI Vehicles: _____
3. Description of services offered (check those that apply): Towing Repossession APD Rotation Tows PPI Endorsement*
 _____ (Initial for PPI*) I acknowledge responsibility to comply with AMC 9.54 on private party impound rates and services

PLEASE PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

- Proof of insurance as required by AMC Section 10.54.040
- Proof of state vehicle registration for each tow vehicle to be operated under tow operator license
- Copy of vehicle inspection report for each tow vehicle to be operated under tow operator license
- A copy or picture of the tow operator's business office signage as required in AMC 10.54.09
- State of Alaska business license (must reflect same name of business to be licensed) Number _____ Expiration Date _____

PRIVATE PARTY IMPOUND (PPI) MUST ALSO PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

- *As-built of impound yard, including legal description and physical street location
- *Copy of typical signage used in privately owned areas if tow operator conducts private party impounds
- *Private party impound (PPI) information sheet as required by AMC 10.54.040A.10.e

****THE CLERK MUST BE NOTIFIED BY NOTARIZED LETTER OF ANY CHANGE IN EQUIPMENT (I.E. NEW VEHICLE).****

I state, under penalty of perjury, that my name and signature or mark as shown on this application and that I am the individual making the foregoing application and authorized agent for this business and that the answers to the questions and other statements contained in this application are true and complete to my knowledge. WARNING: I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240

 Signature of Applicant

 Date

FOR OFFICE USE ONLY					
I.D. Furnished and Number	Fee Paid: \$	Cash	Credit Card	Check No.	Receipt No.