



CITY OF BUFFALO
PERMIT & INSPECTION SERVICES
OFFICE OF LICENSES



TOW TRUCK REQUIREMENT

1. **Certificate of Automobile Liability Insurance for all vehicles named on application.**
 - a. With the **City of Buffalo, Office of Licenses, 301 City Hall, Buffalo, NY 14202** named as the certificate holder. **NO PO BOXES**
 - b. The **description portion of Certificate** must include the **vehicle's year, make and VIN Number.**
2. **Worker's Compensation or Compensation Exemption Certificate**
 - a. When vehicle **is exclusively owner-operated** with **no employees**, submit Form CE-200, **NYS Compensation Exemption Certificate**. File online at www.wcb.state.ny.us **or** at a NYS Compensation Board, ex: 295 Main Street.
 - b. When the vehicle is **not** exclusively owner-operated, submit **Certificate of Workers' Compensation Insurance** naming the City of Buffalo, 301 City Hall, Buffalo, NY 14202 as the certificate holder with a ten (10) day cancellation clause. **NO PO BOXES**
3. **Certificate of Registration or Corporate Filing** (Submit ONE)
 - a. Copy of **Certificate of Registration (DBA)** to d business under an assumed name.
 - b. Copy of **Partnership Documents** listing names of all persons of the Partnership.
 - c. Copy of **Corporate Filing Receipt and minutes naming all Officers of Corporation.**
4. **Police record check for the applicant** from 74 Franklin, Buffalo 14202.
5. **Copy of NYS Driver's Licenses for all tow truck drivers.**
6. **Copy of vehicle registrations**
7. **License Fee:** \$100.00 for a 2 year license.

Mail or submit completed application and supporting documentation
with License Fee payable to the Offices of Licenses.

A License Inspector will contact you to schedule an appointment for a Vehicle Inspection.
The License Certificate will be issued upon receiving the Vehicle Inspection Approval.

Office of Licenses
65 Niagara Square / 301 City Hall
Buffalo, NY 14202-3303
(716) 851-4078 / FAX: (716) 851-4952



CITY OF BUFFALO - BUSINESS LICENSE APPLICATION

65 Niagara Sq. City Hall Room 301 Buffalo, NY 14202
Phone (716) 851-4078 Fax (716) 851-4952

For office use only
Application # _____

TOW TRUCK LICENSE APPLICATION

Type of Entity: Sole Proprietor Corporation Partnership

Business Name (dba) _____ **Business Phone** _____ - _____

Business Street Address: _____

Business Mailing Address: _____

NYS Tax ID # _____ **Business Website** _____ **E-Mail Address:** _____

Owner and Other Principal Partner (attach additional pages if required)

Name (last, first) _____ **Home Phone** _____

Home Address: (PO Box not acceptable) _____

Partner (last, first) _____ **Home Phone** _____

Home Address: _____

VEHICLE INFORMATION

VIN Number _____ **NYS Plate Number** _____

Year _____ **Make & Model** _____ **Color** _____

Is vehicle exclusively owned? Yes No

TOW TRUCK REPORT (completed by Office of Licenses)	
Vin Number _____	Date _____
___ Approve ___ Disapprove	License Inspector Signature _____

Subscribed and sworn to and before me this ____ day of _____ 20 ____
_____ Commissioner of Deeds in and for the City of Buffalo, New York

I am aware of the obligation to provide timely notice of any changes in required information, and I have informed all owners, managers, or other principals of their criminal and/or civic responsibility for the timely fulfillment of all restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business. Initial ____
As an authorized agent of the entity identified above, I certify the information provided on this form is true, correct, complete and current to the best of my knowledge and belief.

Authorized Original Signature _____ **Print Name** _____

Date: _____