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](http://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.
CITY OF BUFFALO - BUSINESS LICENSE APPLICATION

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

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 ____________________________

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: ____________________________

Subscribed and sworn to and before me this _____ day of ________ 20 ___

Commissioner of Deeds in and for the City of Buffalo, New York