BOROUGH OF UNION BEACH
WRECKER APPLICATION

Application No: _____ Year: _____

CHECKLIST FOR WRECKER LICENSE
YEAR _____

Name of Applicant: _____

Business Name: _____

Address: _____

_____

____ Background Check for Owner

____ Registration for EACH Vehicles

____ Insurance for EACH Vehicle

FEES COLLECTED:

Application Fee: $250.00

Wrecker Fee: $25.00 per wrecker licensed

Please make all checks payable to Borough of Union Beach

Date: _____ Signature of Applicant: _____

Date Received in the Clerk's Office: _____ by _____

Date forwarded to UBPD for Background Investigation _____ by _____

BOROUGH OF UNION BEACH
WRECKER APPLICATION

Application No: _____ Year: _____

1. Full name and address of owner, lessee or bailee of the wrecker.

_____

_____

2. Full name, address, and phone number of the applicant.

_____

_____

3. Description of wrecker:

Make _____ Model No. _____

Year _____ Color _____

Driver Registration No. _____

Driver License No. _____

4. Name and location where wrecker vehicles are stored.

_____

5. Name and location where impound vehicles are stored.

_____

6. Insurance Requirements:

Property damage minimum $25,000.

Company Name _____

Address _____

Expiration Date _____

Public Liability minimum $100,000 per claim, $300,000 aggregate.

Company _____

Address _____

Expiration Date _____

****CERTIFICATES OF INSURANCE MUST ACCOMPANY APPLICATION WHEN SUBMMITTED****

BOROUGH OF UNION BEACH
WRECKER APPLICATION

Application No: _____ Year: _____

Full name and address of the applicant:

_____

_____

Trade Name: _____

Description of Wrecker Vehicles:

A. Year _____ Make _____
Model _____ Color _____
Driver Registration Number _____
Driver's License Number _____
License Plate Number _____

B. Year _____ Make _____
Model _____ Color _____
Driver Registration Number _____
Driver's License Number _____
License Plate Number _____

C. Year _____ Make _____
Model _____ Color _____
Driver Registration Number _____
Driver's License Number _____
License Plate Number _____

D. Year _____ Make _____
Model _____ Color _____
Driver Registration Number _____
Driver's License Number _____
License Plate Number _____

BOROUGH OF UNION BEACH
POLICE DEPARTMENT

MATTHEW GAJEWSKI
Acting Captain / Officer in Charge

ADAM HUBENY
Director of Public Safety

Est. 1925

Trust
Belief
Accountability

Background Check

Position/Organization applying for: _____

Name: _____

Address: _____

Number of years at this address: _____ If less than 3 years, supply previous address:

_____

Phone Number: _____ Email: _____

Date of Birth: _____ SS# _____

Driver's License Number: _____ State: _____

Have you been convicted of a Crime/DP within the past ten (10) years? Yes _____ No _____
If yes, explain in detail:

_____

_____

_____

_____

_____

I hereby authorize the Borough of Union Beach to conduct a security background check on me. I understand that this background check may include, but is not limited to, a review of my criminal history, driving history, juvenile history, and employment records. I release the Borough of Union Beach and its agents from any and all liability arising from the furnishing or use of such information.

I certified that the statements provided by me on this form are true, complete, and correct. I understand that any false or misleading statements may result in the denial or revocation of my consideration as a job applicant, volunteer, vendor, or applicant for any license or permit.

Signature: _____ Date: _____