



APPLICATION FOR TOWING OR VEHICLE IMMOBILIZATION SERVICE LICENSE

BIRMINGHAM POLICE DEPARTMENT BUSINESS COMPLIANCE CENTER - CITY HALL, 1ST FLOOR,
710 20TH ST N, BIRMINGHAM, AL 35203 - 205-837-2394, 8AM-5PM



CITY OF BIRMINGHAM ORDINANCE #23-118

PLEASE TYPE OR PRINT

TYPE OF APPLICATION

Initial Application

Renewal Application
Current License # _____

Add a Line of Service

TYPE OF SERVICE (check all that apply)

Towing:
 Consensual
 Non-consensual

Vehicle Immobilization

APPLICANT INFORMATION:

Name: _____
(Full legal name of applicant)

D/B/A: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____

Email Address: _____ Website: _____

Mailing Address: _____
(if different from physical address)

City: _____ State: _____ Zip Code: _____

THIS BUSINESS IS A: (check one)

- Sole Proprietorship
- Partnership
- Corporation, LLC, etc.

PLACE OF CITIZENSHIP:

If applicant is not a citizen of the United States, please provide proof of status-permanent resident or employment authorization granted by the U.S. Immigration and Naturalization Service

Please list the full name and address of all partners if the business is a corporation or LLC:



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OWNER/COMPANY OFFICIAL INFORMATION (please attach additional sheet, if necessary)

Owner/Officer Name: _____ Date of Birth: _____

Position: _____ Stock/Interest: _____

Address: _____

Is or has this person been known by any other name/alias?: Yes No

If "Yes", give all other names by which this person has been known: _____

OWNER/COMPANY OFFICIAL INFORMATION (please attach additional sheet, if necessary)

Owner/Officer Name: _____ Date of Birth: _____

Position: _____ Stock/Interest: _____

Address: _____

Is or has this person been know by any other name/alias?: Yes No

If "Yes", give all other names by which this person has been known: _____

Has the applicant or any of the above-named partners/officers been convicted of any crime, offense, including traffic offenses, within the five years immediately prior to this application?

Yes

No

If "Yes", provide the following information: (please attach additional sheet, if necessary)

Name	Crime/Offense	Date Convicted	Place of Conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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For the business named in this application, list each service offered by the business and the associated charge(s): (Please attach additional sheet, if necessary)

Service	Charge
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does this business have the ability to accept payment for the above charges by means other than cash (check, credit card, debit card, etc?)

- Yes
- No

YOU MAY ATTACH PROOF OF ABILITY TO ACCEPT PAYMENTS OTHER THAN CASH TO THIS APPLICATION



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Towed Vehicle Storage Yard Contact Information (Please attach additional sheet, if necessary)

(For Non-Consensual Towing Only)

Address: _____

City/State/Zip Code: _____

Primary Number: _____ Secondary Number: _____

Website: _____ Email Address: _____

Is this applicant/business engaged in the operation or ownership of a parking lot or valet parking service?

Yes

No

If “Yes”, give name, location and nature of each business or service.
(Please attach additional sheet if necessary)

Name	Location	Type of business
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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VEHICLES USED BY SERVICE

(Please attach additional sheet, if necessary)

<u>Company ID</u> (if applicable)	<u>Make</u>	<u>Model</u>	<u>VIN</u>
_____	_____	_____	_____
	<u>Type**</u>	<u>Insurance Company and Policy Number</u>	
	_____	_____	

<u>Company ID</u> (if applicable)	<u>Make</u>	<u>Model</u>	<u>VIN</u>
_____	_____	_____	_____
	<u>Type**</u>	<u>Insurance Company and Policy Number</u>	
	_____	_____	

<u>Company ID</u> (if applicable)	<u>Make</u>	<u>Model</u>	<u>VIN</u>
_____	_____	_____	_____
	<u>Type**</u>	<u>Insurance Company and Policy Number</u>	
	_____	_____	

<u>Company ID</u> (if applicable)	<u>Make</u>	<u>Model</u>	<u>VIN</u>
_____	_____	_____	_____
	<u>Type**</u>	<u>Insurance Company and Policy Number</u>	
	_____	_____	

**Tow truck, pick-up truck, SUV, sedan, etc.

NOTE: This list must be kept current with the Birmingham Police Department (BPD). You must notify BPD when new equipment is put into service.



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VEHICLES IMMOBILIZATION EQUIPMENT (BOOTS)

TO BE USED BY SERVICE

(Please attach additional sheet, if necessary)

<u>Company ID*</u>	<u>Make</u>	<u>Model</u>	<u>Serial #**</u>

*If the company does not use a numbering or other identification system, BPD may assign sequential numbers as needed for convenience.

**Serial number or other manufacturer’s number identifying each unit.

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Is this applicant able to read, write and speak English and familiar with the monetary system of the United States?

Yes

No

INCLUDE RECEIPT OF APPLICABLE FEES WITH APPLICATION, SEE ATTACHED FEE SHEET

I hereby authorize the investigation of all statements contained in this application. I do hereby swear and certify that all information provided is true and correct to the best of my knowledge, and I understand that my license will be revoked without recourse if any are found to be false.

Print Name: _____

Signature: _____

Title: _____

Date: _____