



City of Hendersonville

Towing and/or Booting Permit Application

(This form should be completed and returned to the Hendersonville Police Department or uploaded online at: <https://www.hendersonvillenc.gov/parking/towing/tow-companies>)

<input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL		
APPLICANT INFORMATION		
<input type="checkbox"/> Towing Only <input type="checkbox"/> Booting Only <input type="checkbox"/> Both		
Date:		
Name of Towing or Booting Service:		
Physical Address:		
Phone:	E-mail	
MANAGER/OPERATOR/SUPERVISOR		
Name:	DOB:	State & ID:
Address:		
Phone Number:	Email:	
LOT INFORMATION		
Please Complete this section for each Private lot or attach a signed and dated letter from each property owner		
Address:	Towing <input type="checkbox"/> Booting <input type="checkbox"/>	
Days of Week Enforced:	Hours Enforced:	
Email Address:	Phone:	
Address:	Towing <input type="checkbox"/> Booting <input type="checkbox"/>	
Days of Week Enforced:	Hours Enforced:	
Email Address:	Phone:	
Address:	Towing <input type="checkbox"/> Booting <input type="checkbox"/>	
Days of Week Enforced:	Hours Enforced:	
Email Address:	Phone:	
SIGNATURES		
Please Provide a signature for each private lot		
I hereby certify that the property is under a contract to remove or boot an unattended vehicle that is deemed to be parked illegally on my real property.		
Signature of Property Owner or Representative:		Date:
I hereby certify that the property is under a contract to remove or boot an unattended vehicle that is deemed to be parked illegally on my real property.		
Signature of Property Owner or Representative:		Date:

I hereby certify that the property is under a contract to remove or boot an unattended vehicle that is deemed to be parked illegally on my real property.

Signature of Property Owner or Representative:

Date:

VEHICLES TO BE USED FOR TOWING AND/OR BOOTING

Make & Model

Tag #

Make & Model

Tag #

Make & Model

Tag #

INSURANCE REQUIREMENT

Do you have an unexpired certificate of insurance naming the City of Hendersonville as the certificate holder: Yes No **(Please attach a copy - This must be kept current.)**

NAME, LOCATION AND STORAGE CAPACITY OF FACILITY

Name:

Address:

Vehicle Storage Capacity:

Name:

Address:

Vehicle Storage Capacity:

Fee Schedule Attached

Yes No

Employees who will tow/boot vehicles

Name:

Date of Birth:

Address:

Driver's License Number:

City:

State:

ZIP Code:

Approved Denied

Comments:

Name:

Date of Birth:

Address:

Driver's License Number:

City:

State:

ZIP Code:

Approved Denied

Comments:

Name:	Date of Birth:	
Address:	Driver's License Number:	
City:	State:	ZIP Code:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Comments:		

Name:	Date of Birth:	
Address:	Driver's License Number:	
City:	State:	ZIP Code:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Comments:		

Name:	Date of Birth:	
Address:	Driver's License Number:	
City:	State:	ZIP Code:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Comments:		

I certify that the above-named individuals are employed by my firm and vouch for their character. Furthermore, I understand the enforcement and penalties as listed in the Ordinance addressing nonconsensual towing of motor vehicles from privately owned lots.

Signature of applicant:

Date:

I have reviewed the permit application for a nonconsensual booting, nonconsensual towing and determined that attached application meets the requirements of the City Ordinance and a Permit granted.

Approved Denied

Permit Number:

SSB Captain Name:

Signature:

Date:

Comments: