

CITY OF MOUNT PLEASANT WRECKER BUSINESS APPLICATION

Name of Business: _____

Address: _____

Telephone Number (s): _____

Owner of Business: _____

Address of Owner: _____

Telephone Number(s) of Owner: _____

Associated E-Mail Address: _____

____ I hereby voluntarily seek participation as a wrecker business on the rotation list as set forth by the Chief of Police of the Mount Pleasant Police Department.

____ I hereby choose not to participate as a wrecker business on the rotation list as set forth by the Chief of Police of the Mount Pleasant Police Department.

I agree to adhere to all federal, state and local laws concerning this business, and I further make the following assurances to the City of Mount Pleasant, Texas. I affirm under oath that I:

Initial Below

____ Have at least the minimum number of wreckers available at all times to participate on (regular wrecker rotation / heavy duty wrecker rotation / both rotations) lists. (Circle one)

____ Have a storage facility as set forth by Chapter 117: Automobile Wreckers of the Mount Pleasant Code of Ordinances.

____ Have met all of the requirements concerning insurance coverage as set forth by Chapter 117: Automobile Wreckers of the Mount Pleasant Code of Ordinances.

____ This application has no financial interest in any other wrecker service on either wrecker rotation list as set forth by Chapter 117: Automobile Wreckers of the Mount Pleasant Code of Ordinances.

____ All wreckers to be used by this wrecker business are described and attached to this application as required.

Signature of Applicant

____ / ____ / ____
Date

This application is (approved / denied) after examination by the Chief of Police.

Chief of Police

____ / ____ / ____
Date

**CITY OF MOUNT PLEASANT
WRECKER BUSINESS APPLICATION**

Wrecker #1

Make: _____ Model: _____ Year: _____
License Plate #: _____ State: _____ VIN #: _____
Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker
Insurance Company: _____ Agent: _____
Insurance Company Telephone Number: _____
Policy #: _____

Wrecker #2

Make: _____ Model: _____ Year: _____
License Plate #: _____ State: _____ VIN #: _____
Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker
Insurance Company: _____ Agent: _____
Insurance Company Telephone Number: _____
Policy #: _____

Wrecker #3

Make: _____ Model: _____ Year: _____
License Plate #: _____ State: _____ VIN #: _____
Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker
Insurance Company: _____ Agent: _____
Insurance Company Telephone Number: _____
Policy #: _____

Wrecker #4

Make: _____ Model: _____ Year: _____
License Plate #: _____ State: _____ VIN #: _____
Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker
Insurance Company: _____ Agent: _____
Insurance Company Telephone Number: _____
Policy #: _____

Wrecker #5

Make: _____ Model: _____ Year: _____
License Plate #: _____ State: _____ VIN #: _____
Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker
Insurance Company: _____ Agent: _____
Insurance Company Telephone Number: _____
Policy #: _____

Wrecker # 6

Make: _____ Model: _____ Year: _____
License Plate #: _____ State: _____ VIN #: _____
Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker
Insurance Company: _____ Agent: _____
Insurance Company Telephone Number: _____
Policy #: _____

Wrecker # 7

Make: _____ Model: _____ Year: _____
License Plate #: _____ State: _____ VIN #: _____
Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker
Insurance Company: _____ Agent: _____
Insurance Company Telephone Number: _____
Policy #: _____

Wrecker #8

Make: _____ Model: _____ Year: _____
License Plate #: _____ State: _____ VIN #: _____
Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker
Insurance Company: _____ Agent: _____
Insurance Company Telephone Number: _____

Policy #: _____

Wrecker #9

Make: _____ Model: _____ Year: _____

License Plate #: _____ State: _____ VIN #: _____

Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker

Insurance Company: _____ Agent: _____

Insurance Company Telephone Number: _____

Policy #: _____

Wrecker #10

Make: _____ Model: _____ Year: _____

License Plate #: _____ State: _____ VIN #: _____

Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker

Insurance Company: _____ Agent: _____

Insurance Company Telephone Number: _____

Policy #: _____

Wrecker #11

Make: _____ Model: _____ Year: _____

License Plate #: _____ State: _____ VIN #: _____

Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker

Insurance Company: _____ Agent: _____

Insurance Company Telephone Number: _____

Policy #: _____

Wrecker #12

Make: _____ Model: _____ Year: _____

License Plate #: _____ State: _____ VIN #: _____

Type of wrecker: (circle one) wrecker, heavy duty, roll-back, restricted use wrecker

Insurance Company: _____ Agent: _____

Insurance Company Telephone Number: _____

Policy #: _____