



|              |
|--------------|
| _____        |
| Company Name |
| _____        |
| Submitted By |
| _____        |
| Date         |

## **Towing and Wrecker Services**

### **Application for Obtaining Public Safety Approval**

Any person or entity desiring to operate a wrecker service within the city shall first obtain a city business license by filing an application, upon a form provided by the city, with the city business license inspector together with the appropriate license fee as set forth in this Code. The following information must be submitted to the department of public safety prior to the issuance of a city business license. Submit the completed form to: Email - [records@nmb.us](mailto:records@nmb.us).

#### **Business Identity**

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Is your company a \_\_\_ sole proprietor \_\_\_ partnership \_\_\_ corporation \_\_\_ LLC?

Enter all individuals having a financial interest in the company: (Use back of application if necessary)

|               |                  |                       |
|---------------|------------------|-----------------------|
| _____<br>NAME | _____<br>ADDRESS | _____<br>PHONE NUMBER |
| _____<br>NAME | _____<br>ADDRESS | _____<br>PHONE NUMBER |

How many years has the business been in operation? \_\_\_\_\_  
How many years has each individual listed above been with the company? \_\_\_\_\_  
Are you engaged in the legal repossession business? Yes \_\_\_ No \_\_\_

How many vehicles qualify for the exemption from **Section 22-35**? \_\_\_\_\_

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#### **Business Location**

##### **Mailing Address**

##### **Physical Address**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

What are the hours of operation? \_\_\_\_\_

## Storage Lot

What is the physical address of your storage Facility? \_\_\_\_\_

What is the phone number? \_\_\_\_\_ What are the hours of operation? \_\_\_\_\_

What is the storage capacity? \_\_\_\_\_

What is the method used to screen the stored vehicles? \_\_\_\_\_

What security measures are employed? \_\_\_\_\_

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## Records and Other Services

List all procedures and any auxiliary services which ensure a high level of service to the public:

- Please attach copies of forms used to keep records to this application
- 

## Vehicle Identification

(Please list each vehicle)

| Year | Make | Model | VIN | Gross Weight | Type | SC License Plate |
|------|------|-------|-----|--------------|------|------------------|
|      |      |       |     |              |      |                  |
|      |      |       |     |              |      |                  |
|      |      |       |     |              |      |                  |
|      |      |       |     |              |      |                  |

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## Liability Insurance

(Attach to back of form)

Please provide proof of automobile liability in full compliance with South Carolina Financial Responsibility Laws as well as garage keepers insurance where applicable.

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For Staff Use Only:

Application: \_\_\_ Approved \_\_\_ Denied

By \_\_\_\_\_ Date \_\_\_\_\_