



CITY OF CLEVELAND
Mayor Frank G. Jackson

INSTRUCTIONS TO OPERATE A TOW TRUCK

CITY OF CLEVELAND
DEPARTMENT OF FINANCE
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: 216.664.2260

Hours of Operation: 8am to 5pm Weekdays

When do you need a Tow Truck License?

Whenever you wish to operate a truck or any other vehicle adapted or used for the purpose of towing, winching, or otherwise removing disabled motor vehicles.

This license is not required when the property being towed is owned by the person doing the towing, and is being transported for recreation, sport or show, or when the property being towed has been picked up outside the City and is either in the process of being delivered to a location in the City, or is being towed through the City to be delivered elsewhere.

This license expires on September 30 every 2 years (odd years).

City of Cleveland Codified Ordinance 677A.

How to obtain a Tow Truck License

In Person: Cleveland City Hall, Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114. Applications will be accepted Monday – Friday, 8:00 am – 5:00 pm.

By Mail: City of Cleveland
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, OH 44114

Electronic: DALLicenses@city.cleveland.oh.us

What to bring with you:

- Completed, notarized application
- Copy of Certificate of Insurance showing the following required coverage amounts
\$300,000 in General Liability Coverage
AND
If storing vehicles, \$100,000 in Garagekeeper's Liability Coverage
OR
If not storing vehicles, a notarized Garagekeeper's Legal Liability Affidavit
- The City of Cleveland must be listed as Certificate Holder on the Certificate of Insurance
- Two (2) **current year** color pictures of **each tow truck** – **one picture of each side of tow truck** – displaying the name, address, and phone number of the Company painted on the vehicle. Digital pictures stored on a labeled USB Flash Drive will be accepted with application submissions. Please note that the name shall be printed in letters at least three (3) inches high and not less than three-eighths (3/8) of an inch wide, while the address and phone number shall be in letters two (2) inches high and not less than three-eighths (3/8) of an inch wide. Lettering shall be done in color that will contrast sharply with the background on which it is painted and shall be placed in such position as to be easily seen by anyone wishing to identify the vehicle. Markings shall be kept clear and distinct at all times. **Magnetic Signs and Peel off Letters & Numbers will not be accepted**
- The Fee is payable at the time of application by cash, check, debit or credit card. Make all checks payable to the City of Cleveland
 - \$125.00 for the first truck
 - \$30.00 for each additional truck
 - \$30.00 for lost, stolen or missing license



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**APPLICATION
TO OPERATE A TOW TRUCK**

CITY OF CLEVELAND
DEPARTMENT OF FINANCE
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: 216.664.2260

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Date	For Period Ending September 30, 2015
Fee: \$125.00 for first vehicle	\$30.00 for each subsequent vehicle
	\$30.00 for replacement plates

SECTION A: APPLICANT INFORMATION

Name			
Address			
City		ST	Zip
Phone		Email	
Social Security Number			

SECTION B: BUSINESS / CORPORATION INFORMATION

Name			
Address			
City		ST	Zip
Phone		Email	
Ward		Federal ID Number	
State Salvage Dealers License Number			
Where Incorporated		Address	

SECTION C. OFFICERS OF CORPORATION OR PARTNERSHIP

Name	
Address	



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SECTION D. VEHICLE INFORMATION

Please provide the following information for each vehicle in your fleet. An Excel spreadsheet of your vehicles may be substituted for this Section provided all of the required information is displayed.

Number of Vehicles in your Fleet:

Make/Model	Year	Weight	Vehicle ID Number (VIN)	Ohio License Plate Number

Applicant hereby acknowledges that he/she has read and understands Codified Ordinance §677A.

Applicant Signature _____ Date _____

State of Ohio
County of Cuyahoga ss:

_____, being first duly sworn, deposes and stated that he/she is the individual making the foregoing Application for License; that the answers to the foregoing questions and other statements contained therein are true to the best of his/her knowledge and belief.

Sworn to me and subscribed in my presence this _____ day of _____ 20 _____

Seal

Notary Public

Approved by the Director of Law
Date



CITY OF CLEVELAND
Mayor Frank G. Jackson

**GARAGEKEEPERS LEGAL LIABILITY
AFFIDAVIT**

**CITY OF CLEVELAND
DEPARTMENT OF FINANCE**
Division of Assessments & Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: 216.664.2174 Hours of Operation: 8am to 5pm Weekdays DALLicenses@city.cleveland.oh.us

Date:

To: The Department of Law
 Dedrick C. Stephens, Commissioner
From: Division of Assessments and Licenses

I _____, do hereby swear, that as of this date
_____ I do not now, nor for the duration of this license, intend to
own, operate or maintain garage or vehicular storage facilities. I also acknowledge full
understanding, that should I in any way, falsify this statement, I will be subject to all
fines and penalties in accordance with Section 677-A of the Codified Ordinances of the
City of Cleveland, Number 1053-A-80.

Signature of Applicant

State of Ohio
County of ss:
Cuyahoga

I, the applicant, being sworn, depose and say
that the answers to the forgoing questions and
other statements herein are true and correct.

Signature of Applicant

Sworn to and subscribed in my presence this _____ day of _____ 20_____

Notary Public

City of Cleveland

Ordinance No. 677A.09

677A.09 - Liability Insurance Required

Each owner of a tow truck shall furnish, at the time of application and/or renewal of such license, a certificate of insurance or an acknowledgment thereof, by an insurance carrier licensed to do business in the State, evidence of garagekeepers' legal liability, to protect property left in his care, custody or control, in an amount not less than one hundred thousand dollars (\$100,000) and general liability in an amount not less than three hundred thousand dollars (\$300,000). The provisions of this section relating to garagekeepers' legal liability shall not apply to a tow truck owner who establishes to the satisfaction of the Commissioner of Assessments and Licenses that such owner does not own, operate or maintain garage or vehicular storage facilities.

(Ord. No. 1053-A-80. Passed 1-12-81, eff. 2-21-81)



CITY OF CLEVELAND
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AUTOMATIC PAYMENT AUTHORIZATION

CITY OF CLEVELAND
DEPARTMENT OF FINANCE
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: 216.664.2174

Hours of Operation: 8am to 5pm Weekdays

Secured Fax: 216.420.7804

Application Type
(i.e. Street Permit, Tow Truck, Vendor)

Applicant / Business Name:

<input type="checkbox"/>	One-Time Transaction Only
<input type="checkbox"/>	Payment Information on File (applicable only to Street Permits)

ACCOUNT HOLDER INFORMATION

Name on Account/Card: _____ Account Address: _____
 Company Name: _____
 Account Holder SSN: _____
 Contact Email: _____ Account Phone: _____

ACCOUNT INFORMATION

Credit Card

Credit Card Type: _____
 Credit Card Number: _____
 Expiration Date: _____

TERMS

I, the above named Account Holder (see "Account Holder Information") authorize the City of Cleveland, Ohio ("City") to automatically charge my account (see "Account Information") or initiate scheduled deductions in the amount due and owing for any permit fee and/or service charges that may already exist or hereinafter accrue. I authorize the financial institution identified by the credit card or routing number (see "Account Information") to accept the charges or post entries to the account stated above. I represent that I am the owner and/or authorized signer of the account. This authorization shall be valid for all future payments that may become due, until this agreement is cancelled.

I understand that the City will not send me a bill before scheduled payments are processed and that it is my responsibility to ensure sufficient credit or funds are available at the time of each scheduled payment. I also understand that in addition to any fees charged by my bank, the City will charge a NSF fee of up to \$25.00 if my payment is dishonored or returned for any reason. On such an event, I may be removed from the automatic monthly payment authorization program in the full and complete discretion of the City. This authorization is to remain in full force and effect until the City receives a written request from me to cancel the authorization or until the City elects to cancel this Agreement.

I understand that if any due date falls on a weekend or holiday, the City will process the payment on the following business day. I agree to hold the City harmless against all claims related to the processing of payments pursuant to this authorization that I may now have or hereafter accrue. By signing below, I acknowledge that I have read and understand this Agreement.

ACCEPTANCE

I, the above named Account Holder, accept, acknowledge, and agree to the terms contained in this authorization Agreement.

OFFICE USE ONLY	
Date Received:	_____
Tracking Number:	_____
Processed By:	_____

Signature _____

Print Name _____

Date _____

Credit Cards Accepted:
Visa, Master Card, American Express, Discover

Rev. 08/2013

Form: B0003