

Receipt No. 3487-10 Amount _____ License No. _____

Fee: \$100.00 Account No. 11101-44110 \$15.00 / Per Vehicle Account No. 11101-44110

Application for Motor Vehicle Towing License – City of Racine, WI

Date April 14, 2016

Expires June 30, 2017

I hereby certify that I am owner, partner, or corporate officer of business applying for motor vehicle towing license, and further certify that I have met all licensing requirements as outlined in Sec. 22-831 through 22-840 of the Racine Municipal Code, and that inspection certificates of motor vehicles being used are attached.

Name of Towing Company Floyd and Sons Inc.

Business Address 1525 Durand Ave. Racine, WI Zip Code 53403

Yard Address (if different than business address) _____

Individual (Name of Applicant) _____

Home Address _____ Phone No. _____

Partnership (Name, addresses, and phone numbers of partners:

Name	Address	Phone No.

Corporation Name Floyd and Sons Towing & Recovery Inc.

Names, addresses, and phone numbers of officers:

Title	Name and Address	Phone No.
President	Floyd Leonard Jr. 2634 SE Frontage Rd.	262-884-8191
Vice-President	Rick Leonard 3611 Country Lane	262-554-7150
Secretary	Kathleen Leonard 3611 Country Lane	262-554-7150
Treasurer	same	

Name, address, and phone number of person in charge:

Floyd or Rick Leonard Phone No. see above

* Insurance Underwriter: Western National Mutual Ins. Co.


Signature of Applicant

12-20-54
Date of Birth

* Attach insurance certificate