TOWN OF OYSTER BAY, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771

OFFICE OF THE TOWN CLERK

TELEPHONE: 516 624-6322

RECIPROCAL TOW CAR OWNER'S LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

ALL INFORMATION MUST BE COMPLETED

TYPE OF APPLICATION (INDICATE WITH AN "X")		DATE
☐ RESTRICTED ☐ UNRESTRICTED		

NAME OF APPLICANT	HOME TELEPHONE	BUSINESS TELEPHONE

STREET ADDRESS	CITY OR POST OFFICE AND ZIP CODE

TYPE OF OWNERSHIP (INDICATE WITH AN "X")	CORPORATION OR TRADE NAME

PLEASE COMPLETE THE FOLLOWING INFORMATION IF THIS APPLICATION IS FOR A CORPORATION, PARTNERSHIP OR AN INDIVIDUAL OWNER USING A TRADE NAME

	NAME	
PARTNER OR PRESIDENT		HOME STREET ADDRESS
		CITY OR POST OFFICE, STATE AND ZIP CODE
PARTNER OR VICE-PRESIDENT	NAME	HOME STREET ADDRESS
		CITY OR POST OFFICE, STATE AND ZIP CODE
PARTNER OR SECRETARY	NAME	HOME STREET ADDRESS
		CITY OR POST OFFICE, STATE AND ZIP CODE

PLEASE ATTACH TO THIS APPLICATION A COPY OF YOUR VALID Tow Car Owner Application and License obtained from the municipality within the County of Nassau where you have your principal place of business. DESCRIBE VEHICLES BELOW

YEAR	MAKE	VEHICLE IDENTIFICATION NO.	BODY TYPE	N.Y. STATE LICENSE PLATE NO.	FOR OFFICE USE ONLY. DO NOT WRITE IN THESE COLUMNS		
						REPLACEMENT	
					VEHICLE PERMIT NO. ISSUED	PERMIT NO. @ $10.00 EACH	DATE OF RECEIPT

State of New York } ss.
County of Nassau }

Sworn to before me this ....

day of .... 19.......

....
NOTARY PUBLIC

NOTE: I have read the applicable Ordinance of the Town of Oyster Bay and agree to abide by its terms and conditions.
I solemnly swear to the truth of the above statements.

_____
SIGNATURE OF APPLICANT

_____
TITLE

Please use additional copies of this form if more space is needed to complete the required information. Complete Name, Address and number pages submitted.

APPLICANT DO NOT WRITE IN THE SPACES BELOW, FOR OFFICE USE ONLY.

RECEIPT DATE	RECIPROCAL OWNERS LIC. #	FILING FEE	DATE ISSUED _____
	_____	$_____	BY _____