

# Village of New York Mills

**MAYOR**  
Ernie Talerico

1 Maple Street  
New York Mills, NY 13417  
www.nymills.com



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**ATTORNEY**  
Kathryn Hartnett

**HIGHWAY SUPERINTENDENT**  
Michael Reid

## Towing Rotation Application & Permit

**Date** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_  
(Please print legibly)

**Name of Business** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Secured Facility Address** \_\_\_\_\_  
(If different than business address)

**Owners Home Address** \_\_\_\_\_

**Business Phone #** \_\_\_\_\_ **Second Phone#** \_\_\_\_\_

- Do you have 24 hr a day / 7 days per week towing service? \_\_\_ Yes \_\_\_ No
- Can you arrive at any requested location within 20 minutes when requested by the New York Mills Police? \_\_\_ Yes \_\_\_ No
- Do you have a secure facility? \_\_\_ Yes \_\_\_ No

Please list the vehicles proposed to be operated by the applicant if placed on the towing rotation list. Please list the year, make, model, type (regular or flatbed), VIN#, and plate #

Year	Make	Model	Type	VIN#	Plate#

**Towing Application Page 2**

Please list your insurance carrier \_\_\_\_\_  
Insurance Policy # \_\_\_\_\_  
Amount of bodily Injury Ins. \_\_\_\_\_  
Amount of Property Damage Insurance \_\_\_\_\_

**Please include a copy of the following:**

- ✓ Certificate of Liability Insurance listing the Village of New York Mills as Certificate Holder
- ✓ Copy of Business Certificate
- ✓ Copy of Drivers License for each driver
- ✓ Copy of Insurance Card for each vehicle listed
- ✓ Copy of Registration Card for each vehicle listed

**I have received a copy of the New York Mills towing rotation law and agree that I will follow all of its requirements to remain active on the list. I also understand that this list will expire with each calendar year (midnight on 12/31). I also understand that there is a \$100 yearly non-refundable application fee that is payable to the Village of New York Mills with completed application.**

**Applicant signature** \_\_\_\_\_

**Dated** \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Number \_\_\_\_\_

## Office Use Only

Applicants Name \_\_\_\_\_

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Date application received \_\_\_\_\_

Received by \_\_\_\_\_

Check off if attached to application:

\_\_\_\_\_ Certificate of Liability Insurance listing the Village of New York Mills as Certificate Holder

\_\_\_\_\_ Copy of Business Certificate

\_\_\_\_\_ Copy of Drivers License(s)

\_\_\_\_\_ Copy of Insurance Card for each vehicle listed

\_\_\_\_\_ Copy of Registration Card for each vehicle listed

Notes: