



ULSTER POLICE DEPARTMENT



ONE TOWN HALL DRIVE
LAKE KATRINE, N.Y. 12449-0290
TEL: (845)382-1111 FAX: (845)382-1119
"Serving the Town of Ulster"

Kyle S. Berardi
Chief of Police

James A. Seyfarth
Lieutenant

Application for Town of Ulster Tow List

Name of Business _____

Business Address _____

Street Address, where business is located _____

Business phone number _____ Emergency contact number _____

Name of Owner _____ Phone number _____

Name of Manager _____ Phone Number _____

Insurance Company – Name and Policy # _____

Workers Comp. Insurance – Name and Policy# _____

How many drivers do you employ or plan to employ _____ (list names on back)

How many vehicles to you plan to register? _____ List plate# _____

Have you received a copy of the Town of Ulster Tow Law? _____yes _____no

I _____, being the owner or manager of the above named business, certify that all answers to the foregoing questions are true and accurate to the best of my knowledge and belief. I understand that I must provide insurance documentation showing proof that my insurance policy endorses the Town of Ulster as additionally insured. Also, that I am aware of the responsibilities and obligations of the license and the possibility that if I fail to follow said rules my license may be revoked by the Chief of Police.

Signed: _____ Date: _____

Application Fee is \$250.00. Make checks payable to the Town of Ulster.

Proof of insurance endorsing the Town of Ulster as additionally insured must be attached to this application.

Approved by: _____ Date: _____

NAME

DRIVERS LICENSE #

1)

2)

3)

4)

5)

6)