



Clay County Courthouse
1 Courthouse Square
Liberty, Missouri 64068

CLERK OF THE COMMISSION CLAY COUNTY, MISSOURI

An application **MUST** be completed for **EACH** business location.

Wrecking & Towing Service License
Supplemental Application
Business conducts more than 50% of its wrecking & towing within the county.

Megan Thompson
County Clerk
Phone: (816) 407-3570
Fax: (816) 407-3571

Name of Business: _____

Address of Business: _____

City _____ State _____ Zip _____

- CURRENT COPY** of paid Clay County Personal Property Tax Receipt (December taxes due prior to 1st of year submitting)
- INSURANCE REQUIREMENTS** (Copy of Certificate of Insurance for Business and EACH vehicle AND garage location showing liability limits **MUST BE** attached):

Coverage Required:	Bodily Injury Liability	\$100,000 each person / \$300,000 each accident
	Property Damage Liability	\$100,000 each accident
	Garage Keeper Liability	\$100,000 per location

- I ACKNOWLEDGE THAT THE ABOVE LISTED BUSINESS HAS PROVIDED WORKERS' COMPENSATION INSURANCE FOR ALL EMPLOYEES, if required by RSMo Chapter 287.** (Initial Here as acknowledgement) _____
- Complete Wrecker & Tow Service Vehicle Information Form for **EACH** vehicle owned by business. (Form provided on reverse side of application and copies of form may be used as needed.)
- Review invoice included based upon prior years submission. Please review and correct as necessary before submitting. **ENCLOSE PAYMENT** in the amount(s) of **\$75.00 per business location** and **\$25.00 per vehicle**, per business location, to be made payable to the *Clay County Clerk, 1 Courthouse Square, Liberty, MO 64068.*

I ACKNOWLEDGE THAT THE WRECKER AND/OR TOW SERVICE BUSINESS DESCRIBED IN THIS APPLICATION IS REGISTERED WITH THE UNITED STATES DEPARTMENT OF TRANSPORTATION.

Applicant Name (Print)

Title

Applicant Signature

Date

*If you feel that you do not require this license please complete this affidavit portion and submit for review. An affidavit submission does not mean you are waived of any fees until approved by the County Clerk's office. **YOU MUST** complete the business contact information above **before** the affidavit will be reviewed as submitted.*

AFFIDAVIT

I, _____, hereby certify that my business (as noted above) currently does not require an Wrecking & Towing Service license as defined by Ordinance 1997-ORD-30 as of this the _____ day of _____, _____, due to,

If my status should change I understand that I will be required to purchase this license in order to comply with the above Ordinance.

Applicant Name (Print)

Title

Applicant Signature

Date

Vehicle #1 Owner: _____

V.I.N. _____

Make/Model of Vehicle _____ Gross Vehicle Weight _____

U.S. DEPARTMENT OF TRANSPORTATION NUMBER: _____

I hereby acknowledge that the operator(s) of this wrecker & tow vehicle
is properly licensed and authorized by this entity. *(Initial Here as acknowledgement)* _____

Vehicle #2 Owner: _____

V.I.N. _____

Make/Model of Vehicle _____ Gross Vehicle Weight _____

U.S. DEPARTMENT OF TRANSPORTATION NUMBER: _____

I hereby acknowledge that the operator(s) of this wrecker & tow vehicle
is properly licensed and authorized by this entity. *(Initial Here as acknowledgement)* _____

Vehicle #3 Owner: _____

V.I.N. _____

Make/Model of Vehicle _____ Gross Vehicle Weight _____

U.S. DEPARTMENT OF TRANSPORTATION NUMBER: _____

I hereby acknowledge that the operator(s) of this wrecker & tow vehicle
is properly licensed and authorized by this entity. *(Initial Here as acknowledgement)* _____

Vehicle #4 Owner: _____

V.I.N. _____

Make/Model of Vehicle _____ Gross Vehicle Weight _____

U.S. DEPARTMENT OF TRANSPORTATION NUMBER: _____

I hereby acknowledge that the operator(s) of this wrecker & tow vehicle
is properly licensed and authorized by this entity. *(Initial Here as acknowledgement)* _____

Vehicle #5 Owner: _____

V.I.N. _____

Make/Model of Vehicle _____ Gross Vehicle Weight _____

U.S. DEPARTMENT OF TRANSPORTATION NUMBER: _____