



Jackson County, Missouri WRECKERS/TOW Application

OFFICIAL USE:

Receipt/LicenseNumber: _____

Legislative Agenda: _____

Electronic File: _____

License Issued: _____

Business Applicant: _____

Phone: _____

Address: _____

Email: _____

CHECK ONE: Partnership Sole Ownership Corporation

Doing Business As: _____

Phone: _____

DBA Address: _____

Email: _____

Officer / Partner: _____

Phone: _____

Address: _____

Email: _____

Applicant acknowledges the following:

1. Licenses shall not be effective until all documents are received and approved by the Jackson County Legislature.
2. Failure to obtain a license or pay the licensing fees can result in revoking license for up to two (2) years.
3. If the ownership changes, new owners must apply for a new license, as the previous license becomes void.
4. Upon relocation of business, applicant shall place an address change with the County Clerk's Office.
5. The applicant is not entitled to any refund of any part of the license fee paid.
6. Licenses are valid from the date issued to December 31 of that year and are to be renewed annually.

I certify that the wrecker or tow service business described in this application is registered with the U.S. Department of Transportation, I further certify (Check One):

- _____ That the wrecker or tow service business described in the application is physically located in Jackson County, Missouri; or
 _____ That the business described in the application conducts more than fifty percent (50%) of its wrecker or tow service business activities in Jackson County, Missouri.

Please provide the following:

Copy of either the current:

- _____ A. Missouri Safety Inspection Certificate(s) B. Missouri Department Of Transportation inspection(s)

_____ Copy - Personal Property Tax Receipt (Must be current for the year preceding the license year.)

_____ Insurance Information - Page 2 completed and attached

_____ Copy of Certificate of Insurance showing liability limits of:

Bodily Injury Liability	\$ 100,000 per person	Property Damage Liability	\$100,000 per accident
	\$ 300,000 per accident	Garage Keeper Liability	\$100,000 per location

_____ U.S. Dept. of Transportation Registration Number: _____

_____ Vehicle Registration Information - Page 2 completed and attached

Applicant Signature: _____

Date Signed: _____

Jackson County Clerk: _____

Date Signed: _____

License (\$500 per business): _____

Per vehicle (\$100): _____

Total: _____

(Make checks payable to Mary Jo Spino, County Clerk)

Return with the above documents and fees to:

Mary Jo Spino
Clerk of the County Legislature
415 E. 12th St., 2nd Floor
Kansas City, Missouri 64106

Phone: (816) 881-3242 mspino@jacksongov.org





INSURANCE & VEHICLE INFORMATION - Jackson County, Missouri

INSURANCE COMPANY/AGENT INFORMATION

Insurance Agency: _____ Phone: _____

Address: _____

Agent Name: _____ Email: _____

TOW VEHICLE INFORMATION

Vehicle No. 1 Owner: _____

State License Number: _____ State of Issuance: _____ Year of Vehicle: _____

V.I.N.: _____ Gross Vehicle Weight: _____

U.S. Dept. of Transportation Number: _____ Make or Model: _____

Vehicle No. 2 Owner: _____

State License Number: _____ State of Issuance: _____ Year of Vehicle: _____

V.I.N.: _____ Gross Vehicle Weight: _____

U.S. Dept. of Transportation Number: _____ Make or Model: _____

Vehicle No. 3 Owner: _____

State License Number: _____ State of Issuance: _____ Year of Vehicle: _____

V.I.N.: _____ Gross Vehicle Weight: _____

U.S. Dept. of Transportation Number: _____ Make or Model: _____

Vehicle No. 4 Owner: _____

State License Number: _____ State of Issuance: _____ Year of Vehicle: _____

V.I.N.: _____ Gross Vehicle Weight: _____

U.S. Dept. of Transportation Number: _____ Make or Model: _____

Vehicle No. 5 Owner: _____

State License Number: _____ State of Issuance: _____ Year of Vehicle: _____

V.I.N.: _____ Gross Vehicle Weight: _____

U.S. Dept. of Transportation Number: _____ Make or Model: _____

I hereby acknowledge that the operators of these wrecker/tow vehicles are properly licensed and authorized by this entity:



Print and Sign

Date