



Platte County, Missouri TOW / WRECKER Application

OFFICIAL USE:

Receipt/License Number: _____

Commission Agenda: _____

Electronic File: _____

License Delivered: _____

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 County Commission.
2. Failure to obtain a license or pay the licensing fees can result in adjudged fees and penalties.
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 yearly.

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 Platte 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 Platte 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 proceeding 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		

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

_____ Vehicle Registration Information - Page 2 completed and attached

Applicant Signature: _____ Date Signed: _____

Platte County Clerk: _____ Date Signed: _____

Cost of License (\$75 per business): _____

Per vehicle (\$25): _____

Total: _____

(Make checks payable to Platte County Treasurer)

Return with the above documents and fees to:

Platte County Clerk – Tow License
415 Third St., Room 116
Platte City, Missouri 64079

Phone: (816) 858-3340 CountyClerk@Co.Platte.MO.US

OFFICIAL BUSINESS

INSURANCE & VEHICLE INFORMATION

INSURANCE COMPANY/AGENT INFORMATION

Insurance Agency: _____ Phone: _____

Address: _____

Agent Name: _____ Email: _____

TOW VEHICLE INFORMATION

Vehicle No. 1 Unit Number: _____

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

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

Missouri Safety Inspection Number: _____ Make or Model of Vehicle: _____

Vehicle No. 2 Unit Number: _____

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

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

Missouri Safety Inspection Number: _____ Make or Model of Vehicle: _____

Vehicle No. 3 Unit Number: _____

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

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

Missouri Safety Inspection Number: _____ Make or Model of Vehicle: _____

Vehicle No. 4 Unit Number: _____

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

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

Missouri Safety Inspection Number: _____ Make or Model of Vehicle: _____

Vehicle No. 5 Unit Number: _____

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

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

Missouri Safety Inspection Number: _____ Make or Model of Vehicle: _____

I HEREBY CERTIFY THAT OPERATION OF THIS TOW VEHICLE IS AUTHORIZED BY THIS ENTITY:


