



**TOW COMPANY
APPLICATION**

Company Information

Check One: Individual _____	Check One: Renewal _____
Corporation _____	New _____
Partnership _____	

Name of Company (Registered and Operating as)

Business Address (Street number and name)

City	Postal Code
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Telephone Number	Fax Number
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E-mail Address

Main Contact for Company	Phone Number
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Compound Address

Compound Property Owner	Phone Number
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Liability Insurer	Policy Number
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Automobile Insurer	Policy number
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Commercial Vehicle Operators Registration Number	Expiry
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By-Law No. 2019-101

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I hereby verify that the information provided herein is true and by signing this application I agree to conform to all applicable laws, I understand that failing to do so may result in fines or revocation of my licence.

Signature of Company Owner/ Authorized Agent

Date

Received By

Date

Personal information contained on this form is collected pursuant to *The Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of Dog Licensing and Canine Control. Questions about this collection should be directed to the FOI Coordinator, The Corporation of the Township of Oro-Medonte, 148 Line 7 South, Oro-Medonte, Ontario L0L 2E0