



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

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Visit our Web Site at: www.stpaul.gov/dsi

TOW TRUCK/WRECKER Application Requirements

This Application Is Subject to Review by The Public Licenses Are Not Transferable Payment Must Be Received with Each Application

Wrecker or tow truck motor vehicle service shall mean the removing of a motor vehicle by towing or pushing from private property at the request of a person who is neither the owner or operator nor agent of the owner or operator of the vehicle.

A copy of the City of Saint Paul Legislative Code Chapter 361 Wreckers and Tow Trucks is attached for your reference.

License: Tow Truck/Wrecker Operator Fee: \$405.00
License: Tow Truck/Wrecker Vehicle Fee: \$85.00 per vehicle

Note: Additional licenses and / or permits (not listed) may be required depending on your mode(s) of business operation and business location.

ITEMS #1-13 MUST BE SUBMITTED ALONG WITH THE APPLICATION FEE

1. The Class R License Application must be completed by the sole owner, by each partner, and/or by each person who has interest in excess of 5% in the corporation and/or association in which the name of the license will be issued. When completing your application, please use each person(s) full name (no initials).
2. Complete the Zoning Summary Sheet and include a complete set of floor plans and site plans, fully dimensioned and drawn to scale. An example of a floor plan and site plan are shown on the Zoning Summary Sheet. Your floor plan and site plan should include information such as, but not necessarily limited to the following information:
 - Site Plan – drawn to scale; dimensioned; showing all property lines, building location(s), any entry door(s) to the building, any garage bay door(s) to the building, driveway egress points, each parking space, and clearly stating which specific parking space(s) are allocated to each of the businesses operating at this location; etc.
 - Floorplan – drawn to scale, dimensioned, showing all levels of the building, any service bays (if co-located with an auto repair use), customer waiting area(s), office area for the impound business, entrance(s) to the building (for both vehicles and people), stating the square footages for each separate space, and the proposed and/or existing use(s) for each space, etc.
3. Complete the Certificate of Compliance Minnesota Workers' Compensation Law Form.
4. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease or provide a copy of your Purchase Agreement and/or Bill of Sale of the property.

5. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include the distribution / allocation of corporate shares.
6. Complete vehicle information form (see attached).
7. Submit a list of all contracted private property towing locations and persons with authority to sign tow order forms. Please note, you will also be required to submit a copy of your executed (i.e., signed) contracts.
8. Submit a copy of your tow order form.
9. Submit a copy of your schedule of charges, including reasonable fixed towing and fixed drop charges.
10. Submit a statement that the storage lot will be maintained continuous twenty-four-hour-on-duty service from an office on the premises for the release of motor vehicles. The location of the storage lot should be clearly stated.
11. Submit a list of the names and home addresses of all drivers employed by your towing company.
12. Submit an original Surety Bond in the amount of \$10,000 conditioned upon the proper handling and safekeeping of vehicles, accessories, and personal property and the guarantee of reimbursement to owners for loss. The bond requires a 30-day notice of cancellation to the City of Saint Paul Department of Safety and Inspections.
13. Submit a copy of your certificate of insurance insuring you against any and all liability incurred in the use or operations of the license tow vehicle including the providing of wrecker or tow truck motor vehicle services. The policy of insurance shall be in the limits of not less than \$100,000.00 for injury or death to one person, \$300,000.00 for each occurrence, and \$100,000.00 property damage. Each tow truck vehicle to be licensed must be listed on the certificate of insurance (include the VIN#, make, model, year, and license plate #).

REQUIRED INSPECTION / REVIEW APPROVALS (NOTE: *Additional inspection approvals may be required*)

14. Obtain DSI Zoning inspection approval. Please contact DSI Zoning Section, at 651-266-8989 to schedule an appointment to review you application and proposed impound lot location.
15. Obtain DSI License inspection approval for the submitted forms, tow vehicles, and impound lot location. You may contact DSI Licensing at 651-266-8989 to schedule an appointment to get your tow vehicles inspected and forms approved.

Note: The Surety Bond and Certificate of Insurance expiration date must run concurrent with the license.



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VEHICLE INFORMATION
Application Requirement

License ID# _____

Business Name _____

Business Address _____

Business Phone _____ Contact Person _____

Vehicle #1 Information

License Plate Number _____

Vehicle Year _____

Vehicle Make _____

Vehicle Model _____

Vehicle VIN Number _____

Vehicle #2 Information

License Plate Number _____

Vehicle Year _____

Vehicle Make _____

Vehicle Model _____

Vehicle VIN Number _____

Vehicle #3 Information

License Plate Number _____

Vehicle Year _____

Vehicle Make _____

Vehicle Model _____

Vehicle VIN Number _____

Vehicle #4 Information

License Plate Number _____

Vehicle Year _____

Vehicle Make _____

Vehicle Model _____

Vehicle VIN Number _____

Vehicle #5 Information

License Plate Number _____

Vehicle Year _____

Vehicle Make _____

Vehicle Model _____

Vehicle VIN Number _____

Please copy this form to use for additional vehicles.