



CITY OF SANTA BARBARA

RENEWAL PROCESS

TOWING PERMIT

Permit #

PD Received Date:

Name of Applicant: _____

Name of Business: _____

Steps Completed with Finance	Complete full application and remit via email to AccountsReceivable@SantaBarbaraCA.gov Full Application must include the following:	Date completed & City Agent's initials.
Step 1	Complete renewal forms. They will include: <ul style="list-style-type: none"> <input type="checkbox"/> Renewal Application form. <input type="checkbox"/> Authorization to Release Information form. Also submit the following documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Photocopy of current insurance on tow vehicles. <input type="checkbox"/> List of all tow trucks to be used within the City of Santa Barbara (including the year, make, type of tow truck, and license plate number) 	
Step 2	Pay a \$25.00 application renewal fee. (Finance Code 0430)	

POLICE DEPARTMENT USE ONLY

To be completed by Police Permit Investigator:

- Local records check on applicant - Warrants, Versaterm, D.M.V. Date: _____
- Live Scan results reviewed from D.O.J. Date: _____ DOJ Delay Date Reason: _____
- Property Crimes Sergeant verified no negative information on applicant that would prohibit issuance of the permit.
Approving Sergeant / body #: _____ Date: _____

Police Permit Investigator's recommendations on the **re-issuance** of the permit to the applicant:

CHIEF OF POLICE:

Approval of renewal application: _____ Date: _____

Disapproval of renewal application: _____ Date: _____



CITY OF SANTA BARBARA

RENEWAL APPLICATION

TYPE: TOWING OF VEHICLES

Permit #

*Santa Barbara Municipal Code,
Chapter 5.30*

Please complete the following renewal information:

Applicant's Name:	Date of Application:
Residence Address (include street, city, and zip code):	
Mailing Address, if different (include street, city, and zip code):	
Phone Number:	
California Driver's License No. (submit photocopy)	Date of Birth:
Business Name:	
Business Address (include street, city, and zip code):	
Business Owner's Name:	Business Phone Number:

Arrest History: *If you have had any arrests, list all of them. Use an additional sheet if necessary. Give the date (approximate), place (city and state), and the reason for the arrest.*

Date:	Place (city and state):	Reason:
—	—	—
—	—	—
—	—	—
—	—	—

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Applicant's Signature

Date



CITY OF SANTA BARBARA

**AUTHORIZATION TO RELEASE INFORMATION
TO THE
CITY OF SANTA BARBARA, POLICE DEPARTMENT**

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.

Printed (*Permit Applicant's Name*)

Signature (*Permit Applicant*)

Date