



ELMWOOD PARK POLICE DEPARTMENT

CHIEF MICHAEL FOLIGNO

182 MARKET STREET ELMWOOD PARK, NJ 07407
HEADQUARTERS: 201-796-0700 FAX: 201-794-2348
www.elmwoodparkpd.com



Business Owner/Representative,

This year's Towing Applications can be found online at www.elmwoodparknj.us

Please download the application and return the completed application to the Clerk's Office. Applications will be accepted starting October 1, 2026 @10:30am until October 30, 2026.

PLEASE REMEMBER TO INCLUDE COPIES OF THE FOLLOWING:

Proof of Automobile Liability Insurance
Proof of Garage Insurance Coverage
Copy of N.J. registration for each vehicle being utilized
Copy of AMBER LIGHT PERMIT for each vehicle
Insurance Card for each vehicle
Names, Addresses and Driver's License Number for operators
Zoning Certificate issued by the Zoning Officer of the Borough of Elmwood Park
CHECK FOR \$500.00

(SEE COPY OF ORDINANCE NO. 17-07 FOR ADDITIONAL REQUIREMENTS)

Submission deadline is Friday, October 30, 2026. This information shall be received and time stamped no later than close of business on Friday, October 30, 2026. If you submit all required documents on time and completed correctly, you will be contacted as to the acceptance or rejection of your application after the first council meeting of January 2027.

Should you need additional information call (201) 796-0700 x 1005 between 8:30AM - 4:00PM and speak with the Secretary to the Chief of Police.

Sincerely,

Michael Foligno

Michael Foligno
Chief of Police
Borough Administrator



ELMWOOD PARK POLICE DEPARTMENT

CHIEF MICHAEL FOLIGNO

182 MARKET STREET ELWMOOD PARK, NJ 07407
HEADQUARTERS: 201-796-0700 FAX: 201-794-2348
www.elmwoodparkpd.com



APPLICATION FOR TOWING LICENSE BOROUGH OF ELMWOOD PARK, NEW JERSEY 07407

Telephone Numbers: Daytime: _____

Evening: _____

Applicant Name: _____

Business Address: _____

Trade Name: _____

Residence: _____

Registration of Vehicles

	<u>Serial/VIN Number</u>	<u>Registration Number</u>
Vehicle #1	_____	_____
Vehicle #2	_____	_____
Vehicle #3	_____	_____
Vehicle #4	_____	_____
Vehicle #5	_____	_____
Heavy #1	_____	_____
Heavy #2	_____	_____

Location of Storage Area

Cars: _____

Wreckers: _____

Elmwood Park Police Department

Amount of Space Available for stored or towed vehicles: _____

Insurance:

Name: _____

Street Address: _____

City/State/Zip: _____

Policy Number: _____

Supply Driver Information

	<u>Name</u>	<u>Address</u>	<u>DL#</u>
<u>Driver 1</u>	_____	_____	_____
<u>Driver 2</u>	_____	_____	_____
<u>Driver 3</u>	_____	_____	_____
<u>Driver 4</u>	_____	_____	_____
<u>Driver 5</u>	_____	_____	_____
<u>Driver 6</u>	_____	_____	_____

The undersigned hereby acknowledges that all information provided is true and complete. I understand that any false statements or information provided would disqualify me for this process and is a violation of NJ law.

The undersigned further agrees to be available for services or on call, 24 hours a day and to abide by the fees set forth by Ordinance #80-3, 83-7, 99-16 and 17-07 of the Borough of Elmwood Park.

Signature of Applicant: _____

Business Name: _____

Date: _____