

# Application for a Business License

## and Information Sheet with the State of Arkansas Towing & Recovery Board

7418 North Hills Boulevard North Little Rock Arkansas • Office 501/682-3801  
FAX . 501/682-3589 • E.Mail artowing@arkansas.gov • Website www.artowing.org

PLEASE FILL OUT THIS FORM COMPLETELY AND PRINT LEGIBLY

Check One:  CONSENT  NON-CONSENT  VEHILCE IMMOBILIZATION Date \_\_\_\_\_

County Location \_\_\_\_\_ Arkansas State Police Troop \_\_\_\_\_

Company Name \_\_\_\_\_  
Please Indicate Db a or Incorporated

Physical Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  
If Different from the Physical Address

Telephone • Day [ ] \_\_\_\_\_ • Night [ ] \_\_\_\_\_  
• FAX [ ] \_\_\_\_\_ • Cell [ ] \_\_\_\_\_  
Optional

E.Mail Address \_\_\_\_\_  
The Tow Board will periodically send important information and updates electronically

Owner(s) \_\_\_\_\_

\_\_\_\_\_  
Signed by Owner

### INSURANCE INFORMATION

Carrier \_\_\_\_\_

Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone • Agent [ ] \_\_\_\_\_ • FAX [ ] \_\_\_\_\_

Each Application must be accompanied by a copy of your Certificate of Liability Insurance. Other documents will not be accepted. For additional information please refer to Rule 9 of the Tow Board regulations.

**This completed form must accompany any new application for permitting a tow vehicle or location.**