

# BUSINESS LICENSE APPLICATION - Private Property Towing



Business License Section  
1333 NW Eastman Parkway  
Gresham OR 97030-3813  
(503) 618-2370

## PPI Towing License Application New Renewal

The purpose of the Private Property Impound (PPI) Code (GRC Article. 9.75) requires towing from private parking facilities be performed fairly, in accordance with defined standards, and at reasonable rates. More information is provided at 503.618.2370 or [greshamoregon.gov/towing](http://greshamoregon.gov/towing).

All towers performing PPI Tows in the City of Gresham must obtain a PPI Towing License. To obtain one, tow companies are required to complete and submit a PPI License application and submit proof of required general liability insurance. There is no fee associated with a PPI towing license. It must be renewed annually every December 31<sup>st</sup>, as long as the applicant is performing PPI Tows within Gresham. A new PPI application is required with each renewal. A business license (\$80.00 fee) is required for any organization doing business within the City. Please contact business licensing at 503.618.2370 or <https://greshamoregon.gov/business-licenses/> for more information.

9.05.05 (3)

(l) A notice that the application is a public record and that the city shall exempt from disclosure information of a personal nature to the extent permitted by the Oregon Public Records and other applicable laws.

### Business Information: (Please Print or Write Legibly)

Business Name			
Location Address			
City, State, Zip			
Mailing Address			
City, State, Zip	E-mail		
Business Phone	Fax Number		

### Vehicle Storage Facilities

	Address	City	Daytime Phone	Night Phone
1				
2				
3				

\* Attach separate sheet if there are more than three storage facilities.

### Primary Owner Information:

Full Legal Name (First, Middle, Last Name)			Date of Birth:	
Residence Address				
City, State, Zip				
Home/Other Phone:		Driver's License # & exp:	State	
<b>FOR OFFICE USE ONLY:</b>				

### Proof of Insurance Information (Please attach copy of Certificate of Insurance):

Insurance Co Name:				
Agent Name:				
Address:				
City, State, Zip				
Policy #:		Exp. Date:		

## **Indemnification and Insurance Requirements**

1. As a condition of the issuance of a permit, PPI Tower's subject to the PPI Code agree to hold harmless, defend and indemnify the City of Gresham, and its officers, agents and employees for all claims, demands, actions and suits, including all attorney fees and costs, for damage to property or injury to person arising from any activities, work and/or services furnished or carried on under the terms of a PPI Tower's License.
2. PPI Tower shall maintain such public liability and property damage insurance and furnish certificates of insurance coverage of the type and amount required by the city attorney. The adequacy of the insurance shall be subject to the approval by the city attorney.
3. The limits of the insurance shall be subject to statutory changes to maximum limits of liability imposed on municipalities of the State of Oregon during the term of the license. The insurance shall be without prejudice to coverage otherwise existing.
4. The insurance shall name as additional insureds the city, and its officers, agents and employees. Notwithstanding the naming of additional insureds, the insurance shall protect each insured in the same manner as though a separate policy had been issued to each, but nothing shall operate to increase the insurer's liability as set forth elsewhere in the policy beyond the amount or amounts which the insurer would have been liable if only one person or interest had been named as insured. The coverage shall apply as to claims between insureds on the policy.
5. The contractor shall provide that the insurance shall not terminate or be canceled without 30 days written notice first being given to the manager.
6. Failure to maintain liability insurance shall be cause for immediate revocation of the license by the manager.

**Please attach certificate of insurance demonstrating insurance coverage with the above limits and additional insured information.**

**Person Responsible for Complaint Resolution**

Name		Phone #	
Email (required)			

**Part-Owners/Officers/Agents Having Financial Interest in Company #1:**

Full Legal Name (First, Middle, Last Name)		Date of Birth:	
Residence Address			
City, State, Zip			
Home/Other Phone:		Driver's License # & exp:	State
<b>FOR OFFICE USE ONLY:</b>			

**Part-Owners/Officers/Agents Having Financial Interest in Company #2:\***

Full Legal Name (First, Middle, Last Name)		Date of Birth:	
Residence Address			
City, State, Zip			
Home/Other Phone:		Driver's License # & exp:	State
<b>FOR OFFICE USE ONLY:</b>			

\* Attach separate sheet if there are more than three storage facilities.

**Tow Driver Information #1:**

Full Legal Name (First, Middle, Last Name)		Date of Birth	
Residence Address			
City, State, Zip			
Home/Other Phone:		Driver's License # & exp:	State
<b>FOR OFFICE USE ONLY:</b>			

**Tow Driver Information #2:**

Full Legal Name (First, Middle, Last Name)		Date of Birth	
Residence Address			
City, State, Zip			
Home/Other Phone:		Driver's License # & exp:	State
<b>FOR OFFICE USE ONLY:</b>			

**Tow Driver Information #3:**

Full Legal Name (First, Middle, Last Name)		Date of Birth	
Residence Address			
City, State, Zip			
Home/Other Phone:		Driver's License # & exp:	State
<b>FOR OFFICE USE ONLY:</b>			

**Tow Driver Information #4:**

Full Legal Name (First, Middle, Last Name)		Date of Birth	
Residence Address			
City, State, Zip			
Home/Other Phone:		Driver's License # & exp:	State
<b>FOR OFFICE USE ONLY:</b>			

**Tow Driver Information #5:**

Full Legal Name (First, Middle, Last Name)		Date of Birth	
Residence Address			
City, State, Zip			
Home/Other Phone:		Driver's License # & exp:	State
<b>FOR OFFICE USE ONLY:</b>			

**Tow Driver Information #6:**

Full Legal Name (First, Middle, Last Name)		Date of Birth	
Residence Address			
City, State, Zip			
Home/Other Phone:		Driver's License # & exp:	State
<b>FOR OFFICE USE ONLY:</b>			

\* Attach separate sheet if there are more than six tow drivers who will be performing PPI Tows for your company.

**APPLICANT HAS READ GRC ARTICLE 9.75, PRIVATE PROPERTY IMPOUNDS AND THE RATE RESOLUTION AND AGREES TO COMPLY WITH ALL ORDINANCES OF THE CITY OF GRESHAM. THE PPI CODE SHALL BE CONSTRUED IN CONFORMANCE WITH THE LAWS AND REGULATIONS OF THE STATE OF OREGON MOTOR VEHICLE CODE REGARDING TOWING FROM PRIVATE PROPERTY AND APPLICABLE FEDERAL STATUTES.**

*I declare by my signature that I have the authority to complete this and I certify that the information in the application is true, correct and complete.*

**Signature:**

**Date:**

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**(Business Owner or Representative)**

**For Office Use Only**

**Route to:**

**Comments & Date:**


<u><b>Business Licensing</b></u>	
<u><b>Police Dept.</b></u>	
<u><b>Risk Management</b></u>	

**Other Notes/Comments:**
