



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

VEHICLE STORAGE FACILITY COMPANY LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

To expedite processing time, call (800) 803-9202 or (512) 463-6599 to register on line using the TOOLS system.

1. NAME OF VEHICLE STORAGE FACILITY - Provide the full name of your business to be registered (40 character maximum).
2. DOING BUSINESS AS (DBA) NAME - Provide the full DBA name for your business.

What is a "Doing Business As" Name? A fictitious name (or assumed name, trade name or DBA name) is a business name that is different from your personal name, the names of your partners or the officially registered name of your LLC or corporation.

It's important to note that when you form a business, the legal name of the business defaults to the name of the person or entity that owns the business, unless you choose to rename it and register it as a DBA name.

For example, consider this scenario: John Smith sets up a painting business. Rather than operate under his own name, John instead chooses to name his business: "John Smith Painting". This name is considered an assumed name and John will need to register it with the appropriate local government agency.

Do I need a DBA name? A DBA is needed in the following scenarios:

Sole Proprietors or Partnerships – If you wish to start a business under anything other than your real name, you'll need to register a DBA so that you can do business as another name.

Existing Corporations or LLCs – If your business is already set up and you want to do business under a name other than your existing corporation or LLC name, you will need to register a DBA.

3. TYPE OF OWNERSHIP - Check the box that shows how your business is organized.
4. FEDERAL ID NUMBER - (Required of business is organized as a corporation) Provide the federal ID number that is used by your business. Information about Federal or Employer ID numbers can be found at: www.irs.gov/businesses.
5. MAILING ADDRESS - Provide your current mailing address. This is the address where we will send you mail. A post office box can be used.
6. PHYSICAL LOCATION - Provide the physical address of your business. Do not use a post office box.
7. BUSINESS PHONE NUMBER - Provide a telephone number, including the area code where we can reach you during the day or where we can leave you a message.
8. POINT OF CONTACT - Provide the name, title, email address, and phone number of a person we can contact about this towing business. The department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. STORAGE CAPACITY - Check the box that indicates the maximum number of vehicles that can be stored at this storage facility.

10. You must maintain insurance for this facility based on the storage capacity that meets the following requirements:

- 50 or fewer vehicles - Not less than \$9,000 per claim.
- 51 to 99 vehicles - Not less than \$18,000 per claim.
- 100 or more vehicles - Not less than \$25,000 per claim.

ALL INSURANCE FILINGS MUST BE SUBMITTING BY YOU INSURANCE COMPANY THROUGH TDLR'S TEXAS OCCUPATIONS ONLINE LICENSE SYSTEM (TOOLS) AT WWW.TDLR.TEXAS.GOV/TOOLS/

11. DRUG TESTING POLICY - Check whether you are using the TDLR Model Drug Testing policy, you are a member of a TDLR approved drug consortium, or you are submitting a drug testing policy for TDLR approval. If you indicate that you are a member of a TDLR approved drug consortium or that you are submitting a drug testing policy for approval, TDLR must approve your drug testing policy before you can get an active license. You are required to submit a copy with your application.

12. STATEMENT OF APPLICANT - Carefully read the statement of applicant before signing and dating the application. Appendix A must be completed and submitted with the application and fee.

SOCIAL SECURITY NUMBER- Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#) or call (512) 460-6000 or (800) 252-8014.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 [in state only], (512)463-6599, Relay Texas-TDD: (800) 735-2989.



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VEHICLE STORAGE FACILITY COMPANY LICENSE APPLICATION

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$250 (FEE IS NON-REFUNDABLE)

1. Business Name: (as it will appear on your license, 40 character limit)

2. Doing Business As (DBA) Name:

3. Type of Ownership:

- Sole Proprietorship Corporation Limited Partnership
 Limited Liability Company Limited Liability Partnership General Partnership

4. Federal ID Number:

5. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A PO box is allowed for this address)

Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code

6. Physical Location: (A PO box is not allowed for this address)

Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code

7. Business Phone Number:

Phone Number

8. Point of Contact: (Print name)

Name:

Last

First

Middle

Title:

Email Address:

(Ex: Johndoe@aol.com) See instruction sheet for disclosure information

Phone Number:

Phone Number

9. Storage Capacity (Check one):

- 50 vehicles or fewer 51 - 99 vehicles 100 vehicles or more

10. INSURANCE

- You must maintain insurance for this facility based on the storage capacity that meets the following requirements:
 - 50 or fewer vehicles - Not less than \$9,000 per claim.
 - 51 to 99 vehicles - Not less than \$18,000 per claim.
 - 100 or more vehicles - Not less than \$25,000 per claim.

ALL INSURANCE FILINGS MUST BE SUBMITTING BY YOU INSURANCE COMPANY THROUGH TDLR'S TEXAS OCCUPATIONS ONLINE LICENSE SYSTEM (TOOLS) AT WWW.TDLR.TEXAS.GOV/TOOLS/

11. DRUG TESTING POLICY

Check one: (if you are a member of a consortium or are using your own drug testing policy, you must attach a copy. Your license will not be approved unless your drug testing policy is approved)

I am using TDLR's Model Drug Testing Policy;

I am a member of a TDLR approved consortium (name of consortium: _____)

consortium phone: _____); or

I am submitting a drug testing policy for TDLR approval.

12. STATEMENT OF APPLICANT

By signing and submitting this application, I certify that information submitted on this and any attached forms is true and correct. I further certify that I will comply with all applicable provisions of the Texas vStorage Facility Act; Texas Occupations Code, Chapter 2303; Texas Administrative Code, Chapter 60; the Vehicle Storage Facility Administrative Rules, Texas Administrative Code, Chapter 85; I understand that providing false information on this application may result in revocation and/or denial of the license I am requesting and the imposition of administrative penalties and sanctions.

Signature of Owner or Authorized Representative	Printed Name
Title	Date Signed



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Appendix A: Criminal History Background Information

To be eligible for a Vehicle Storage Facility (VSF) Certificate, all of the controlling persons of this Tow Company including owners, partners, principals, officers, and/or general managers must successfully pass a criminal background check.

You are required to provide detailed information, including name, title, and percentage of ownership for each of the following:

1. Each partner, if the company is a partnership;
2. Each corporate officer, including the president, secretary, and treasurer, if the company is a corporation, if the company is a corporation;
3. Each owner; and
4. Any managers of the company, if managed by someone other than the owners.

QUESTIONS

1. Has any owner, partner, principal, corporate officer, operator, or manager for this company been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No

If YES, each person with a history must complete and attach a Criminal History Questionnaire for each offense.

2. Has any owner, partner, principal, corporate officer, operator, or manager for this company ever have an occupational license, certification or registration suspended, revoked, or denied in any state? Yes No

If YES, attach a Disciplinary Action Questionnaire to this application. This does not include your driver license.

Name: _____
Last First Middle

Title _____ Ownership % _____ Gender: Male Female

Social Security Number: _____ Date of Birth: _____ Phone: _____
(See instruction sheet for disclosure information)

Name: _____
Last First Middle

Title _____ Ownership % _____ Gender: Male Female

Social Security Number: _____ Date of Birth: _____ Phone: _____
(See instruction sheet for disclosure information)

Name: _____
Last First Middle

Title _____ Ownership % _____ Gender: Male Female

Social Security Number: _____ Date of Birth: _____ Phone: _____
(See instruction sheet for disclosure information)

Attach additional sheets if necessary