



# CITY OF FAIRBANKS

(DATE STAMP)

## MASTER OPERATOR'S LICENSE APPLICATION

800 Cushman Street, Fairbanks, AK 99701  
(907) 459-6716

TYPE OF APPLICATION:       NEW                       RENEWAL                      FEES DUE/COLLECTED: \_\_\_\_\_

### Application Requirements

**\$250.00\* Nonrefundable Biennial License Fee**  
**Current Certificate of Insurance (if selecting Section III, Rotation Tow List) Current**  
**State of Alaska Business License**  
**Current City of Fairbanks Business License**  
**Complete Application with Signature of Owner**

*\*Starting April 1, 2024, the City of Fairbanks will charge a 2.9% convenience fee on credit and debit card transactions not related to garbage collection.*

A Master Operator's License is required pursuant to FGC Section 14-431 and shall be valid for up to two calendar years after the date of issuance. All required documents must be submitted with the signed application.

The City Clerk's Office will not accept incomplete applications.

### SECTION I BUSINESS INFORMATION

Sole Owner                       Partnership                       Corporation                       L.L.C.

Doing Business as Name:

Owner/LLC/Corp. Name:

Physical Address of Business (no P.O. Boxes):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Mailing Address (if different than physical):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone:

Primary Contact Telephone:

Physical Address of Impound Lot:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Name:

Primary Contact Email:

Business 24-Hour Telephone:

City Business License No.:

State Business License No.:

### Instructions for Completing Sections II, III, and IV

- Check here if your company is desiring to bid on the City's towing contract. Complete ONLY Section II and Section IV of this application.
- Check here if your company is NOT desiring to bid on the City's towing contract and only desires to be placed on the City's rotation tow list. Complete ONLY Section III and Section IV of this application.

### SECTION II CITY'S TOWING CONTRACT

#### Insurance Information

Necessary Coverage: The Contractor must furnish a certificate of insurance within ten days of receipt of the Notice-of-Intent to Award and must endorse policies to provide for a 30-day prior notice to the City of cancellation, non-renewal, or material change of the policies or as otherwise stated within the City's towing and impound services contract. The Contractor must at all times maintain the minimum insurance coverage required under the City's towing and impound services contract. A Master Operator's License holder shall give written notice to the City Clerk of any modification, amendment, cancellation, substitution, or expiration of any insurance policy required herein within ten calendar days of the occurrence.

Insurance Company:

Agency:

Telephone No.

Address:

Policy Number:

Expiration Date:

#### Applicant's Statement for Towing Contract

- I understand the insurance requirements and shall abide by such upon accepting the award of the contract.

### SECTION III CITY'S ROTATION TOW LIST

#### Insurance Information

Necessary Coverage: Pursuant to FGC Section 14-431, holders of a Master Operator's License must at all times maintain the same insurance minimum coverage as required by the City under the City's towing and impound services contract, a copy of which is provided to you with this application. Companies placed on the rotation tow list must also maintain Garage Liability coverage for damage or theft of impounded vehicles with insurance limits not less than \$100,000 and must list the City of Fairbanks as Certificate Holder. A Master Operator's License holder shall keep the insurance policy in effect throughout the license period. Each policy shall contain a clause providing that the insurer give written notice of the cancellation, revocation, termination, or expiration of said policy to the City Clerk. A Master Operator's License holder shall give written notice to the City Clerk of any modification, amendment, cancellation, substitution, or expiration of any insurance policy required herein within ten calendar days of the occurrence.

Insurance Company:

Agency:

Telephone No.

Address:

Policy Number:

Expiration Date:

#### Applicant's Statement for Rotation Tow List

- I have received a copy of the current City towing and impound services contract.
- I understand the insurance requirements and shall maintain such upon being placed on the City's rotation tow list.
- I understand that my license may be suspended and my company may be temporarily removed from the list if it is continually non-responsive or if the City receives an unreasonable number of customer complaints.

**SECTION IV  
CERTIFICATION**

Being first duly sworn, I depose and certify the following:

I am the owner of above-mentioned business, and I am authorized to sign on behalf of this business in legal matters. The answers to the questions and statements contained herein are true and complete to the best of my knowledge and belief. I have read the application and understand the requirements for a City of Fairbanks Master Operator's License. I have read and shall be compliant with FGC Chapter 14, Article X and all other applicable local, state, and federal laws and requirements. I understand that any materially false statement on this application or the failure to comply with license requirements may be grounds for denial or revocation of a license.

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

Fairbanks General Code Chapter 14 is attached to this application as a courtesy. All Master Operator's License holders are required to comply with all City Codes and state and federal laws. Questions concerning owner responsibilities should be addressed to the City Clerk's Office prior to submitting an application for a Master Operator's License.

Please make all necessary copies for your records before submission of your application to the Clerk's Office. A request for copies made after submission shall be processed by the City as a public records request subject to applicable fees.

**Administrative Use Only**

Approved By:	Date:
Issuance Date:	
Expiration Date:	
Denied By:	Date:
Reason for Denial:	

**License Suspension Information**

(if applicable)

Date of Suspension:	Suspension Issued By:	Term of Suspension:	Reinstatement Date: