DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

LOUISIANA STATE POLICE - TOWING AND RECOVERY UNIT

P.O. BOX 66614, MAIL SLIP A-26 - BATON ROUGE, LA 70896-6614

APPLICATION FOR STORAGE INSPECTION LICENSE

A Storage Facility is any business or company that receives compensation, directly or indirectly, for the storing of vehicles, to include but not limited to: tow companies, body or repair shops, new and used automotive dealers, garages, service stations, repossession companies, businesses storing vehicles for insurance companies, etc. Louisiana law requires each towing company or storage facility, which stores vehicles under the provisions of this chapter, to pay an annual non-prorated fee of $100 for a Storage Inspection License for each storage location, prior to conducting business and/or charging any storage fees. All Storage Inspection Licenses expire annually on the thirtieth day of June and may be renewed 60 days prior to expiration. Licenses must be displayed in a location visible to the public at each storage location.

TYPE APPLICATION (check one): ☐ **NEW COMPANY** ☐ **CHANGE OF ADDRESS** ☐ **ADDITIONAL STORAGE LOCATION**

TYPE COMPANY (check one): ☐ **STORAGE COMPANY ONLY** ☐ **TOWING AND STORAGE COMPANY**

DOING BUSINESS AS: _____

NAME OF COMPANY/CORPORATION (must be a unique name) _____ PRESIDENT OF COMPANY

BUSINESS MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ COMPANY TAX ID NUMBER

COMPANY TELEPHONE NUMBER _____ COMPANY FAX NUMBER _____ COMPANY EMAIL ADDRESS

PHYSICAL ADDRESS OF STORAGE FACILITY #1	CITY	PARISH	STATE	ZIP
PHYSICAL ADDRESS OF STORAGE FACILITY #2	CITY	PARISH	STATE	ZIP
PHYSICAL ADDRESS OF STORAGE FACILITY #3	CITY	PARISH	STATE	ZIP
PHYSICAL ADDRESS OF STORAGE FACILITY #4	CITY	PARISH	STATE	ZIP

LIST ALL OWNERS OF THIS COMPANY/CORPORATION BELOW:

NAME	DRIVER'S LIC #	STATE	NAME	DRIVER'S LIC #	STATE

NUMBER OF STORAGE LOCATIONS ($100.00 PER LOCATION)	___	AMOUNT ENCLOSED	$ .00

AFFIDAVIT

By my signature below, I hereby swear under penalty of law, the following:

1) All applicable parish and/or municipal occupational licenses/permits required for my facility to operate (within said parish or municipality) have been obtained.
2) I am aware that my storage facility is regulated by the Department of Public Safety & Corrections and that it is subject to inspections by its officers/agents.
3) To the best of my knowledge, no one affiliated with this company (including myself, co-owners, agents and/or employees) has ever been convicted of a felony relating to auto theft, vehicle insurance fraud, burglary of a vehicle and/or possession of stolen vehicles or vehicle parts AND that criminal history checks may be performed.
4) I will abide by the laws, rules, and regulations pertaining to storage operations as found in the Towing Storage Act (R.S. 32:1711 et seq. and L.A.C. 55:I:1901 et seq).
5) I am the owner or president of this company and the information furnished on this application is accurate, complete and true, to the best of my knowledge.

MUST BE NOTARIZED

_____ _____

SIGNATURE OF OWNER or PRESIDENT **NOTARY PUBLIC (and Seal)**

_____ _____

DATE SIGNED DATE SIGNED

RETURN COMPLETED APPLICATION & CERTIFIED PAYMENT (MADE PAYABLE TO LSP TOWING & RECOVERY) TO THE ABOVE ADDRESS.

FOR OFFICE USE ONLY

STORAGE INSPECTION LICENSE NUMBER:	LSP T&R STATE NUMBER:	STORAGE INSPECTION LICENSE EXPIRATION DATE
		JUNE 30, 2009