



## Application to Cancel or Register Relocation Towing Storage Locations

### APPLICATION INSTRUCTIONS

1. The Application to Cancel or Register Relocation Towing Storage Locations form, or photocopies of this form, must be used.
2. Identify the type of application that is being filed by checking the appropriate box. There is no fee to submit this application. Submit application and supporting documents to:

Illinois Commerce Commission  
ATTN: Processing and Information  
Section 527 East Capitol Avenue  
Springfield, Illinois 62701
3. All parts of this application must be completed fully and truthfully. Failure to complete any portion in full will result in the rejection of your application and an issuance of the deficiency notice.

### PART 1. IDENTITY OF RELOCATION TOWER

4. For corporations, LLCs, LPs, LLPs and LLLPs, the legal name must be entered exactly as it is registered with the Illinois Secretary of State. For general partnerships, the legal name must be entered exactly as it appears on the written partnership agreement.
5. For sole proprietor or general partnership, the trade name, if any, must be entered exactly as it is registered with the County Clerk's office responsible for regulating trade or business names in your locality. For corporations, LLCs, LPs and LLLPs the trade name, if any, must be entered exactly as it is registered with the Illinois Secretary of State.
6. **Business address is the actual physical location of the primary office/storage location.** An address other than the relocater's primary office/storage location will not be accepted for the business address field. Do not use a P.O. Box number. If the Applicant wishes to receive mail at an address other than that of the primary office/storage location, a mailing address must be provided. All formal and informal correspondence shall be sent to the listed mailing address, including service of process. If no mailing address is listed, all correspondence will be sent to the business address.

### PARTS 2 and 3. STORAGE LOT INFORMATION

7. Complete the information for the storage location to be registered or cancelled. If a location is being registered, evidence of proof of ownership or an exclusive 1 year lease must be attached. If the property is owned, proof of ownership of the property includes but is not limited to mortgage documents, tax bill or a deed. If the property is leased, submit a copy of a valid written lease with a term of at least one year.

### PART 4. VERIFICATION

8. Sole proprietorship: This application must be signed by the person whose name appears in Part 1.  
Partnership: This application must be signed by at least one partner.  
Corporation: This application must be signed by at least one officer of the corporation.  
Limited liability company: This application must be signed by at least one member of the limited liability company.
9. If the person verifying the statement has not previously been identified in the application, proof of the individual's authority to sign on behalf of the Applicant must be submitted at the time of filing.

### SUPPORTING DOCUMENTATION

- Evidence of ownership or exclusive 1 year lease for the storage location.



# Application to Cancel or Register Relocation Towing Storage Locations

<b>Type of Application</b> (check one)	<input type="checkbox"/> Register Additional Secondary Storage Location	<input type="checkbox"/> Change Primary Storage Location
	<input type="checkbox"/> Cancel Secondary Storage Location	

## PART 1. IDENTITY OF RELOCATION TOWER

Full Legal Name:	RTV-R:	ILCC No.:
Trade Name:	FEIN/SSN:	
Business Address:	Phone Number:	
City:	State:	Zip Code:
Mailing Address (if different from Business Address):	Email:	
City:	State:	Zip Code:

## PART 2. PRIMARY STORAGE LOCATION INFORMATION

<b>INSTRUCTIONS</b>					
Identify the current primary storage location to be cancelled and the new primary storage location to be registered. Attach to the application proof of the Applicant's ownership of the new location or an exclusive lease for the location with a term of at least 1 year. If the property is owned, proof of ownership of the property includes but is not limited to mortgage documents, tax bill or a deed. If the property is leased, a copy of a valid written lease with a term of at least 1 year is required.					
Current Primary Storage Address to be Cancelled:	City:	State:	Zip Code:	County:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
New Primary Storage Address to be Registered:	City:	State:	Zip Code:	County:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> Is the new primary storage location secured by a fence and a locking gate?	New location's approximate capacity in number of cars:		New Location's Phone Number:		
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> Is the new primary storage location equipped with lighting for night operations?					

## PART 3. SECONDARY STORAGE LOCATION INFORMATION

<b>INSTRUCTIONS</b>					
Identify the secondary storage location which the Applicant wants to register or cancel. If registering a location, attach to the application proof of the Applicant's ownership of the location or an exclusive lease for the location with a term of at least 1 year. If the property is owned, proof of ownership of the property includes but is not limited to mortgage documents, tax bill or a deed. If the property is leased, a copy of a valid written lease with a term of at least 1 year is required.					
Address:	City:	State:	Zip Code:	County:	
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> Is this location secured by a fence and a locking gate?	Approximate capacity in number of cars:		Phone Number:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> Is this location equipped with lighting for night operations?					

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**PART 4: VERIFICATION**

The undersigned Applicant certifies that all information presented in this application is true, correct and complete and that copies of any documents presented to the Commission as part of this application are genuine. This certification is made under oath and under penalty of perjury and it is understood that knowingly making a false statement on this Application will result in the denial of this application.

<b>SIGNATURE(S)</b>			
Name (Printed):	Signature:	Title:	Date:
Name (Printed):	Signature:	Title:	Date:
Name (Printed):	Signature:	Title:	Date:
Name (Printed):	Signature:	Title:	Date:
Name (Printed):	Signature:	Title:	Date: