



HARFORD COUNTY, MARYLAND
Department of Inspections, Licenses and Permits
Bel Air, Maryland 21014 **401-638-3305

License No.:	_____
Date:	_____
Expiration:	_____
New:	_____
Renewal:	_____
Fee: \$	_____

TAXICAB OWNERS LICENSE APPLICATION

The following items must be submitted to the Department of Inspections, Licenses and Permits:

1. Completed Application
2. Zoning Approval Needed (signature and date below)(Harford County Code §232-6 B (1))
 - a. Department of Planning and Zoning
 - b. Zoning must sign and date below/submit Zoning Certificate or valid CO
3. Photocopy of each vehicle's registration
 - a. Registration must be current
 - b. Vehicle must be registered as a Class B vehicle with MVA.
4. Proof of Insurance
 - a. 20,000/40,000/15,000 limits
 - b. Proof of insurance must be submitted for each vehicle.
5. Licensed State Inspection
 - a. Every six (6) months (Harford County Code §232-16)
 - b. Inspection certificate for each vehicle must be submitted with application
6. List of rates
7. Letter of intent to employee with authorization signatures.

OWNER'S NAME _____

BUSINESS OR TRADE NAME _____

HARFORD COUNTY BUSINESS ADDRESS _____

TELEPHONE NO. _____

-----OFFICE USE ONLY-----

ZONING APPROVAL _____ DATE _____

SHERIFF'S OFFICE INVESTIGATION _____ DATE _____

RESULTS _____

REASON _____

HARFORD COUNTY TAXICAB OWNER'S LICENSE APPLICATION	Firm/Business Name:
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Business Address:	Mailing Address:
Telephone:	Business Hours:

Owner's Name (Last, First, Middle)			Manager's Name (Last, First, Middle)		
Date of Birth	Home Telephone		Date of Birth	Home Telephone	
Home Address			Home Address		
City	State	Zip	City	State	Zip
Drivers License No.		State	Drivers License No.		State

Owner's Name (Last, First, Middle)			Manager's Name (Last, First, Middle)		
Date of Birth	Home Telephone		Date of Birth	Home Telephone	
Home Address			Home Address		
City	State	Zip	City	State	Zip
Drivers License No.		State	Drivers License No.		State

Owner's Name (Last, First, Middle)			Manager's Name (Last, First, Middle)		
Date of Birth	Home Telephone		Date of Birth	Home Telephone	
Home Address			Home Address		
City	State	Zip	City	State	Zip
Drivers License No.		State	Drivers License No.		State

If a corporation applies for a license, the application shall include the names of all persons holding 25% or greater ownership interest in the corporation.

Taxicab Vehicles – List each taxi providing all information

Are all taxicabs properly insured? Yes No

Amount of Coverage: _____

Must submit proof of insurance for each vehicle.

Cab No.	Year	Make/Model	VIN	License Plate No.
Registration Expiration Date	Insurance Expiration Date	State Inspection Date	Medallion No.	

Cab No.	Year	Make/Model	VIN	License Plate No.
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HARFORD COUNTY TAXICAB OWNER'S LICENSE APPLICATION

I, the undersigned, hereby apply for a Taxicab Owner's License in Harford County, Maryland and for this purpose file a completed application and give the following answers to the questions listed below:

1. Have you ever filed an application in another jurisdiction for Taxicab Owner or Driver?

Yes No

If yes, when and where :

2. Has any driver's, owners or similar license ever been suspended or revoked?

Yes No

If yes, explain:

3. Were you ever convicted of or pled guilty or nolo contendere to any crime against a person?

Yes No

If yes, explain:

4. Were you convicted of or pled guilty or nolo contendere to any crime involving alcohol or a controlled substance? Yes No

If yes, explain:

In consideration of granting of this license, applicant agrees that he will conform to and abide by all the rules and regulations of the Department of Inspections, Licenses and Permits and as set forth in Harford County Code, Chapter 232, as amended.

False statements to any of the above questions will constitute perjury and will result in refusal or revocation of licenses.

Applicant's Signature

Date