



HARFORD COUNTY GOVERNMENT

Department of Inspections, Licenses and Permits
220 South Main Street
Bel Air, Maryland 21014
410-638-3305

TOWING BUSINESS LICENSE PROCEDURES **ONE OR MULTI TOW AREAS/1 TOW LOT**

- 1. Complete attached application. A certified copy of a Department of Transportation (DOT) inspection, completed no more than 12 months prior to application date, must be submitted with completed application.**
- 2. Insurance – SUBMIT CERTIFICATE OF INSURANCE** reflecting a minimum of \$100,000/\$300,000/\$100,000 per Harford County Code § 237-7. Certificate must include **ONHOOK & CARGO INSURANCE** (Minimum - \$75,000).
- 3. Zoning Approval** is needed for all new applicants or for a new address and must be approved and dated below by the Department of Planning and Zoning (410-638-3103). Submit a copy of the site survey and a copy of the Building Permit and or Use & Occupancy Certificate.
- 4. New Applicant** – return the completed application with required forms and pay the \$100.00 application fee and a license fee of \$50.00 per towing vehicle.
- 5. Renewal applicants-** return the completed renewal application and pay a license fee of \$50.00 per towing vehicle.
- 6.** Application shall be signed by the owner of the towing business or if towing business is a corporation, by the president of the corporation.
- 7.** Applicant will be notified of approval/disapproval. A decal for each towing vehicle will be provided by the Department of Inspections, Licenses and Permits.
- 8.** Renewal towing applications shall be mailed on an annual basis and must be returned no later than December 15th of each year. All applications received after the December 15th date will not be processed until after January 1st of the next calendar year and will be considered a new application. The new application fee of \$100.00 will be applicable in these cases.



FOR OFFICE USE ONLY	
License No.	_____
Date Applied	_____
Expiration Date	<u>12/31/</u> _____
New	_____ Renewal _____
New Application Fee	\$ _____
Vehicle Fee	\$50.00 per truck _____
Total Fee Due	_____

HARFORD COUNTY GOVERNMENT
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
220 South Main Street
Bel Air, Maryland 21014
410-638-3305

Tow Area # _____

TOWING BUSINESS LICENSE APPLICATION		
BUSINESS INFORMATION		
Name:		
Business Type:	Corporation LLC Non-Profit Sole Proprietor	(please circle)
Address:		
City:	State:	ZIP Code:
Dispatch phone:	Business phone:	Business hours:
E-mail:	Website:	
MAILING ADDRESS		
Address:		
City:	State:	ZIP Code:
OWNER INFORMATION		
Name: (Last)	(First)	(Middle)
Address:		
City:	State:	ZIP Code:
Phone:	DOB:	
Driver's License No:	State Reg.:	
MANAGER INFORMATION		
Name: (Last)	(First)	(Middle)
Address:		
City:	State:	ZIP Code:
Phone:	DOB:	
Driver's License No.:	State Reg.:	

.....**FOR OFFICE USE ONLY**.....

Sheriff's Office Recommendation: Approved _____ Disapproved _____

Approved By: _____

If Disapproved – Reason _____

SERVICES PROVIDED							
Fuel	Gasoline	Diesel	Propane	<i>(please circle)</i>			
Tires – Sales	Automobile		Truck	<i>(please circle)</i>			
Tires – Repair	Automobile		Truck	<i>(please circle)</i>			
Motor Repairs	Includes radiator hoses, fan belts, batteries, etc.		Yes	No	<i>(please circle)</i>		
Road Service	Change flat tires and minor repairs along the roadside		Yes	No	<i>(please circle)</i>		
METHODS OF PAYMENT							
Type:	Visa	M/C	Discover	American Express	AAA	Cash	Check
Other	<i>(please circle)</i>						
STORAGE FACILITY INFORMATION							
Minimum height is 8 feet and minimum capacity is 10 vehicles				Vehicle capacity:			
Security:	Fence	Dogs	Alarm	Other <i>(please circle)</i>			
Storage Facility Address:							
City:		State:		Zip:			
REGULATION AND LICENSURE							
Are all towing vehicles properly insured and is on hook/cargo coverage listed on certificate of insurance? Yes No <i>(please circle)</i>							
Is the business properly licensed under state, local and business ordinances? (submit copy of license with application) Yes No <i>(please circle)</i>							
Is the business licensed as an automotive dismantler, recycler or scrap processor by the Maryland State Motor Vehicle Administration? (submit copy of license with application) Yes No <i>(please circle)</i>							
Do you comply with environmental regulations as required by Article 27, Section 469 and Title 8 Natural Resources? Yes No <i>(please circle)</i>							
Do you have storage facilities for storing waste fuel oil and other vehicle fluids? Yes No <i>(please circle)</i>							

Towing vehicles must comply with the following:

- Tow Truck Registration: Transportation Article 13-290
- Minimum Standards for Equipment: Transportation Article 23-104
- Amber Lights: Transportation Article 22-218.2
- Fuel Tax Permits (if applicable): Article 81, Section 423

Miscellaneous items for compliance with Transportation Article 21.1111c:

- Shovels, Heavy Duty Boom, Fire Extinguisher, Absorbent, Disposable Plastic Bags,
- Receptacle for Debris and Flood Lights to illuminate scene at night.

See page 6 for list of tow trucks.

See page 7 for list of tow truck operators.

I understand that if I knowingly make a misrepresentation or false statement on this application, I am guilty of a misdemeanor and, upon conviction, may be subject to a fine not exceeding One Thousand Dollars (\$1,000.00) or imprisonment not exceeding ninety (90) calendar days or both, as defined in Chapter 1, Article 1-22, of the Harford County Code.

In consideration of granting of this license, I agree that I will conform to and abide by all the rules and regulations of the Department of Inspections, Licenses and Permits and in accordance with the Harford County Code, Chapter 237, as amended.

Applicant's Signature

Date

Print Name

Towing Business 2nd Location Application Office and Lot (if applicable)

TOWING BUSINESS LICENSE APPLICATION		
BUSINESS INFORMATION		
Name:		
Business Type: Corporation LLC Non-Profit Sole Proprietor <i>(please circle)</i>		
Address:		
City:	State:	ZIP Code:
Dispatch phone:	Business phone:	Business hours:
E-mail:	Website:	
MAILING ADDRESS		
Address:		
City:	State:	ZIP Code:
OWNER INFORMATION		
Name: (Last)	(First)	(Middle)
Address:		
City:	State:	ZIP Code:
Phone:		DOB:
Driver's License No:		State Reg.:
MANAGER INFORMATION		
Name: (Last)	(First)	(Middle)
Address:		
City:	State:	ZIP Code:
Phone:		DOB:
Driver's License No.:		State Reg.:

Tow Area # _____

.....**FOR OFFICE USE ONLY**.....

Sheriff's Office Recommendation: Approved _____ Disapproved _____

Approved By: _____

If Disapproved – Reason _____

Towing Business 2nd Location Continued

STORAGE FACILITY INFORMATION	
Minimum height is 8 feet and minimum capacity is 10 vehicles	Vehicle capacity:
Security: Fence Dogs Alarm Other_____	<i>(please circle)</i>
REGULATION AND LICENSURE	
Are all towing vehicles properly insured and is on hook/cargo coverage listed on certificate of insurance? Yes No <i>(please circle)</i>	
Is the business properly licensed under state, local and business ordinances? (submit copy of license with application) Yes No <i>(please circle)</i>	
Is the business licensed as an automotive dismantler, recycler or scrap processor by the Maryland State Motor Vehicle Administration? (submit copy of license with application) Yes No <i>(please circle)</i>	
Do you comply with environmental regulations as required by Article 27, Section 469 and Title 8 Natural Resources? Yes No <i>(please circle)</i>	
Do you have storage facilities for storing waste fuel oil and other vehicle fluids? Yes No <i>(please circle)</i>	

I understand that if I knowingly make a misrepresentation or false statement on this application, I am guilty of a misdemeanor and, upon conviction, may be subject to a fine not exceeding One Thousand Dollars (\$1,000.00) or imprisonment not exceeding ninety (90) calendar days or both, as defined in Chapter 1, Article 1-22, of the Harford County Code.

In consideration of granting of this license, I agree that I will conform to and abide by all the rules and regulations of the Department of Inspections, Licenses and Permits and in accordance with the Harford County Code, Chapter 237, as amended.

Applicant's Signature

Date

Print Name

Towing Business Name _____ License Number _____
Tow Truck – List each truck providing all information

RENEWAL [] ADD [] REMOVE [] GVW RATING _____		
Year:	Make	VIN
Tag No.	State Reg.	Registration Expiration Date:
Type:	Roll Back Boom Other _____	<i>(please circle)</i>
Insurance Expiration Date:	DOT Inspection Date:	
RENEWAL [] ADD [] REMOVE [] GVW RATING _____		
Year:	Make	VIN
Tag No.	State Reg.	Registration Expiration Date:
Type:	Roll Back Boom Other _____	<i>(please circle)</i>
Insurance Expiration Date:	DOT Inspection Date:	
RENEWAL [] ADD [] REMOVE [] GVW RATING _____		
Year:	Make	VIN
Tag No.	State Reg.	Registration Expiration Date:
Type:	Roll Back Boom Other _____	<i>(please circle)</i>
Insurance Expiration Date:	DOT Inspection Date:	
RENEWAL [] ADD [] REMOVE [] GVW RATING _____		
Year:	Make	VIN
Tag No.	State Reg.	Registration Expiration Date:
Type:	Roll Back Boom Other _____	<i>(please circle)</i>
Insurance Expiration Date:	DOT Inspection Date:	
RENEWAL [] ADD [] REMOVE [] GVW RATING _____		
Year:	Make	VIN
Tag No.	State Reg.	Registration Expiration Date:
Type:	Roll Back Boom Other _____	<i>(please circle)</i>
Insurance Expiration Date:	DOT Inspection Date:	
RENEWAL [] ADD [] REMOVE [] GVW RATING _____		
Year:	Make	VIN
Tag No.	State Reg.	Registration Expiration Date:
Type:	Roll Back Boom Other _____	<i>(please circle)</i>
Insurance Expiration Date:	DOT Inspection Date:	

Towing Business

Tow Truck Operator's Name – List each driver providing all information

DRIVER'S INFORMATION			
Name: (last)		(first)	(middle)
Address:			
City:	State:		ZIP Code:
DOB:		Phone:	
Driver's License No.:		State Reg.:	
DRIVER'S INFORMATION			
Name: (last)		(first)	(middle)
Address:			
City:	State:		ZIP Code:
DOB:		Phone:	
Driver's License No.:		State Reg.:	
DRIVER'S INFORMATION			
Name: (last)		(first)	(middle)
Address:			
City:	State:		ZIP Code:
DOB:		Phone:	
Driver's License No.:		State Reg.:	
DRIVER'S INFORMATION			
Name: (last)		(first)	(middle)
Address:			
City:	State:		ZIP Code:
DOB:		Phone:	
Driver's License No.:		State Reg.:	
DRIVER'S INFORMATION			
Name: (last)		(first)	(middle)
Address:			
City:	State:		ZIP Code:
DOB:		Phone:	
Driver's License No.:		State Reg.:	
DRIVER'S INFORMATION			
Name: (last)		(first)	(middle)
Address:			
City:	State:		ZIP Code:
DOB:		Phone:	
Driver's License No.:		State Reg.:	