



## **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 15<sup>th</sup> of each year. All applications received after the December 15<sup>th</sup> date will not be processed until after January 1<sup>st</sup> 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.



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

**HARFORD COUNTY GOVERNMENT**  
 DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 220 South Main Street  
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**Tow Area #** \_\_\_\_\_

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.:		

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

Sheriff's Office Recommendation: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Approved By: \_\_\_\_\_

If Disapproved – Reason \_\_\_\_\_

SERVICES PROVIDED				
Fuel	Gasoline	Diesel	Propane	(please circle)
Tires – Sales	Automobile		Truck	(please circle)
Tires – Repair	Automobile		Truck	(please circle)
Motor Repairs	Includes radiator hoses, fan belts, batteries, etc.	Yes	No	(please circle)
Road Service	Change flat tires and minor repairs along the roadside	Yes	No	(please circle)
METHODS OF PAYMENT				
Type:	Visa	M/C	Discover	American Express
Other _____			(please circle)	AAA
				Cash
				Check
STORAGE FACILITY INFORMATION				
Minimum height is 8 feet and minimum capacity is 10 vehicles			Vehicle capacity:	
Security:	Fence	Dogs	Alarm	Other _____ (please circle)
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 (please circle)				
Is the business properly licensed under state, local and business ordinances? (submit copy of license with application) Yes No (please circle)				
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 (please circle)				
Do you comply with environmental regulations as required by Article 27, Section 469 and Title 8 Natural Resources? Yes No (please circle)				
Do you have storage facilities for storing waste fuel oil and other vehicle fluids? Yes No (please circle)				

**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 2<sup>nd</sup> 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 2<sup>nd</sup> Location Continued

<b>STORAGE FACILITY INFORMATION</b>	
Minimum height is 8 feet and minimum capacity is 10 vehicles	Vehicle capacity:
Security:      Fence      Dogs      Alarm      Other_____	<i>(please circle)</i>
<b>REGULATION AND LICENSURE</b>	
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**

<b>RENEWAL [ ]    ADD [ ]    REMOVE [ ]    GVW RATING _____</b>		
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:	
<b>RENEWAL [ ]    ADD [ ]    REMOVE [ ]    GVW RATING _____</b>		
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:	
<b>RENEWAL [ ]    ADD [ ]    REMOVE [ ]    GVW RATING _____</b>		
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:	
<b>RENEWAL [ ]    ADD [ ]    REMOVE [ ]    GVW RATING _____</b>		
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:	
<b>RENEWAL [ ]    ADD [ ]    REMOVE [ ]    GVW RATING _____</b>		
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:	
<b>RENEWAL [ ]    ADD [ ]    REMOVE [ ]    GVW RATING _____</b>		
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.:	