



HARFORD COUNTY GOVERNMENT
Department of Inspections, Licenses and Permits
220 South Main Street
Bel Air, Maryland 21014
410-638-3122

TAXICAB OWNERS LICENSE APPLICATION INSTRUCTIONS

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

1. Completed Application
2. Zoning Approval Needed per Harford County Code § 232-6. B (1)
 - a. Department of Planning and Zoning
 - b. Zoning Official must sign and date approval in the shaded box below
 - c. Submit Zoning Certificate or valid Certificate of Occupancy
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 _____

REASON _____



HARFORD COUNTY GOVERNMENT
Department of Inspections, Licenses and Permits
220 South Main Street
Bel Air, Maryland 21014
410-638-3122

FOR OFFICE USE ONLY

License No. _____
Application Fee: \$125.00 _____
Application Date: _____
Expiration Date: _____
No. of Taxi Cabs: _____
Medallion Fee \$10.00 ea. \$ _____
New _____ Renewal _____

TAXICAB OWNERS BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Name:

Business Type (check one) : Corporation LLC Non-Profit Sole Proprietor

Address:

City: _____ State: _____ ZIP Code: _____

Phone: _____ Website: _____

OWNER INFORMATION

Name:

Address:

City: _____ State: _____ ZIP Code: _____

Email Address:

DOB: _____ Phone: _____ Mobile Phone: _____

Driver's License No.: _____ State: _____

MAILING ADDRESS

Address:

City: _____ State: _____ ZIP Code: _____

MANAGER INFORMATION

Name:

Address:

City: _____ State: _____ ZIP Code: _____

DOB: _____ Email: _____ Phone: _____

Driver's 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.

Harford County Taxicab Owners Business License Application

Business Name: _____

Are all taxicabs properly insured? [] Yes [] No

For each vehicle a certificate of insurance must be submitted listing each vehicle.

Taxicab Vehicles – List each taxi providing all information

[] Add [] Remove

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

[] Add [] Remove

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

[] Add [] Remove

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

[] Add [] Remove

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

[] Add [] Remove

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

[] Add [] Remove

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

Harford County Taxicab Owners Business 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:

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, 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.

Applicant's Signature

Date

Print Name