



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

**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 \_\_\_\_\_

RESULTS \_\_\_\_\_

REASON \_\_\_\_\_



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<b>FOR OFFICE USE ONLY</b>	
License No. _____	
Application Fee: \$50.00 _____	
Application Date: _____	
Expiration Date: _____	
No. of Taxi Cabs: _____	
Medallion Fee \$5.00 ea. \$ _____	
New	Renewal

**TAXICAB OWNERS BUSINESS LICENSE APPLICATION**

**BUSINESS INFORMATION**

Name:			
Business Type (circle 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:

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

Yes            No

If yes, explain:

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

Yes            No

If yes, explain:

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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:

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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