



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

TOWING BUSINESS LICENSE APPLICATION INSTRUCTIONS
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.

Harford County Police Initiated Towing Areas

Per Harford County Police Initiated Towing Regulations Section 8 Harford County shall be divided into five geographical areas as designated.

Tow Area One (1) Bordered by, but excluding from Baltimore County line, State Route 165, Baldwin Mill Road, to Morse Road, to Federal Hill Road, to Rigdon Road, to Sharon Road to Deer Creek, including Walters Mill from Deer Creek to, but not including, Kalmia Road, to Thomas Run Road to Shucks Road to Wheel Road to Stockton Road, to Jerusalem Road to Baltimore County line.

Tow Area Two (2) Bordered by, but not including Graceton Road, Route 624, from the Pennsylvania line to Grier Nursery Road to Deer Creek. From Deer Creek to and including Kalmia Road to Thomas Run Road to Cool Spring Road to Harmony Church Road to Wilkenson Road to the Susquehanna River.

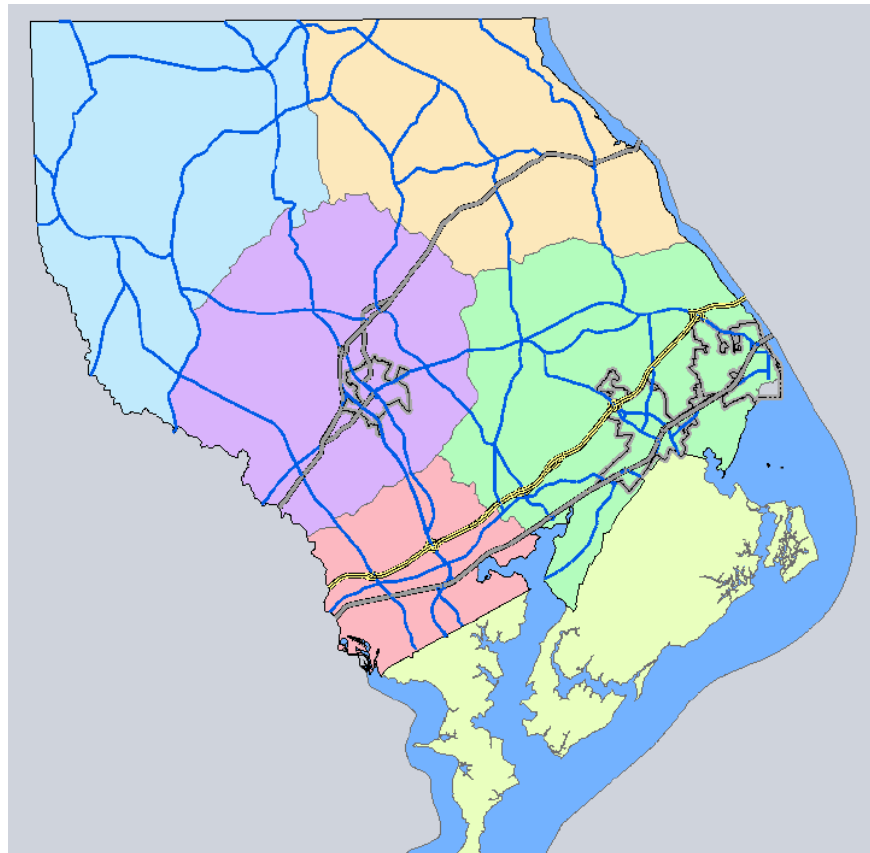
Tow Area Three (3) Bordered by and including Jerusalem Road from the Baltimore County line to Stockton Road to Wheel Road to Bynum Run to James Run to Bush Point (Bush River) to the Baltimore County line.

Tow Area Four (4) Bush Point (Bush River) to James Run to Bynum Run, including Wheel Road from Bynum Run to Shucks Road to Thomas Run Road to Cool Spring Road. Bordered by, but not including Cool Spring Road to State Route 136 to Harmony Church Road to Wilkenson Road to Susquehanna River.

Tow Area Five (5) From the Baltimore County line, bordered by, and including Baldwin Mill Road (Route 165) to Morse Road to Rigdon Road to Cherry Hill Road to Grier Nursery Road to Graceton Road (Route 624) to the Pennsylvania line.

☑ **Police Initiated Towing Areas**

- 1
- 2
- 3
- 4
- 5





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

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 _____	

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.: _____	

Check Tow Area(s) 1. ___ 2. ___ 3. ___ 4. ___ 5. ___

Do you want to be designated as a Heavy Duty Tower? Yes ___ No ___

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 13-920
- Minimum Standards for Equipment: Transportation Article 23-104
- Amber Lights: Transportation Article 22-218.2
- Fuel Tax Permits (if applicable): MD Code, Tax-General, Title 9-220

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)

Tow Area(s) 1. ___ 2. ___ 3. ___ 4. ___ 5. ___

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 _____		

Towing Business 2nd Location Continued

I understand that if I knowingly make a misrepresentation or false statement on this application, I am

STORAGE FACILITY INFORMATION	
Minimum height is 8 feet and minimum capacity is 10 vehicles	Vehicle capacity:
Security: Fence Dogs Alarm Other_____	(please circle)
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)	

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 Trucks – List each truck – Provide all information requested on this section of the form.

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 - Provide all information requested on this form.

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.: