



# POLICE-INITIATED TOWING LICENSE APPLICATION

**Baltimore County, Maryland**  
**Department of Permits, Approvals and Inspections**  
**County Office Building, Room 114**  
**111 West Chesapeake Avenue**  
**Towson, MD 21204**  
**410-887-3616**

LICENSE YEAR: JANUARY 1 to DECEMBER 31, \_\_\_\_\_

**FEES:**    **New Applicant**    \$335.00  
              **Renewal**            \$200.00  
              **Late Fee**             \$300.00 (application received after December 31)

Make check or money order payable to "BALTIMORE COUNTY, MD"

Check here if you are under contract with Auto Return  
 (For the purpose of Police-Initiated Towing at the request of the Baltimore County Police Department)

**Trade Name of Business** \_\_\_\_\_ **Principal Business Phone No.** \_\_\_\_\_  
(24 hours a day)

**Legal Name** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(Name Registered with Maryland Department of Assessments & Taxation)

**Business Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Business Mailing Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Principal Owner(s):**

**Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Type of Ownership (check one):**

Association     Corporation     Individual/Sole Proprietor     LLC     Partnership     Trust     Other (specify type) \_\_\_\_\_

**Designated Agent's Name\*** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

\*(Defined as: Business Owner's Designated Agent for receiving service of process, notices, and/or any other papers from Baltimore County. The designated agent must be 21 years of age or older, a resident of Baltimore County, Maryland, and a written copy of their authority must be provided at the time of application.)

**Designated Agent's Mailing Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Designated Agent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Maryland MVA License Tag No.	Make / Model	Vehicle Identification No. (VIN)	Model Year	Name Vehicle is Registered Under
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

**Answer the following:**

- NO  YES Has a "Criminal History Records Check Application" form (for background investigations), been completed by ALL owners and ALL towing vehicle drivers associated with this towing business, and the receipt(s) from the Criminal Records Check attached to this application? (Original blank form, provided with the application, may be photocopied, as needed.)
  
- NO  YES Has any owner or officer of this towing business been convicted of a felony? If YES, on a separate piece of paper, provide the full name of the individual(s), the charge(s), and the date of the conviction(s).
  
- NO  YES Has a PROPOSED fee schedule (on form provided with this application) setting forth maximum fees which the applicant will charge, with a full and detailed statement of the service to be rendered for each stated amount of fee, been submitted with this application?
  
- NO  YES Has your comprehensive general liability insurance certificate, showing coverage in the minimum limits of \$100,000.00 per individual, \$300,000.00 per occurrence, \$100,000.00 property damage on each vehicle, from a company licensed to do business in the state of Maryland, been attached to this application?

I/We solemnly affirm under the penalties of perjury, that the above information is true and correct; and that I/we will submit, in writing, any addition, deletion and/or replacement of towing vehicles (including vehicle and insurance information), before that vehicle may be used under a towing license; and I/we agree to conform to and abide by Article 21, Title 16, Towing Businesses, of the Baltimore County Code, and the rules and regulations governing towing in Baltimore County relating to **POLICE-INITIATED TOWING**. I/We further understand that any violation of the towing law and/or the Baltimore County Rules and Regulations may result in civil penalties of up to \$200.00 per day, per violation; the suspension, revocation, or refusal to renew the license; civil and/or criminal prosecution.

Owner(s) Signature (use blue ink)	Owner(s) Name (Type or Print)	Witness Signature	Date Signed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

(Attach a separate sheet of paper for additional owners)

**REVIEW / APPROVAL**

**CODE ENFORCEMENT:** An inspection has been made to determine if the facility is in compliance with the requirements of the County Code and Zoning Regulations.

Approved  Disapproved \_\_\_\_\_  
 (Check One) Signature of Code Enforcement Officer Printed Name Date

If disapproved state reason(s) why: \_\_\_\_\_

**PAI, MISCELLANEOUS PERMITS & LICENSES:**

Police report attached  No  Yes

Approved  Disapproved \_\_\_\_\_  
 Signature Date

Comments \_\_\_\_\_

**OFFICE USE ONLY**

Application No. \_\_\_\_\_ Date Received \_\_\_\_\_ Fee Paid: \$200 / \$300 (late fee) \$335.00 (new) Cash Receipt No. \_\_\_\_\_  
 Cash Receipt Date \_\_\_\_\_ Date Issued \_\_\_\_\_ Data Entered \_\_\_\_\_ By \_\_\_\_\_