

Required Attachments:

1. The full name, date of birth and title of all owners, officers or partners of the applicant
2. The full name, date of birth, residential address and title of the employees responsible for keeping the business records required for this tow license
3. The name, date of birth, date of hire and a three year Motor Vehicle Administration driving record for each employee who will operate the towing vehicles included in this application. Police-Initiated towers must provide a copy of their training program syllabus or curriculum and evidence of successful completion of the training for each driver hired more than six months before this application.
4. A copy of any employment applications or forms used by the applicant
5. A sample of any receipts used for payment of towing fees.
6. Zoning Certificates of Use for both the business address and the storage facility
7. A Certificate of Insurance for each vehicle listed. Evidence of insurance for the business and storage premises. Evidence of Workers Compensation coverage.
8. The name of insurance company, agent and phone number
9. A copy of the Maryland Motor Vehicle registration card for each vehicle listed
10. A check payable to Anne Arundel County in the appropriate amount: Application Fee \$250, plus license fee of \$25 **per vehicle**
11. A completed 'Tow Company Information Sheet' and required its attachments
12. A complete explanation of any "yes" responses on this application

In consideration of the granting of this license, the Applicant agrees that he will conform to and abide by all applicable laws and regulations pertaining to this business, and will notify the department immediately in writing of any changes in the information contained herein. The undersigned hereby swears that all of the information contained here is true to the best of his/her personal knowledge and that he/she has received a copy of the regulations and law under which the license may be issued. It is further understood that any false or misleading information contained herein may be a basis to deny the license.

Individual or Partners trading as

By: President

Full Firm Name

Attest: Secretary

Full Corporate Name

Affix Corporate Seal

THIS CERTIFIES that on the _____ day of _____, 20____,
before the subscriber, a _____ of the State of Maryland, personally appeared
_____, on behalf of the applicant named in this application, and made oath
in due form of law that the information therein is true.

Notary Public

Witness my hand and official Seal: