



APPLICATION FOR A TAXICAB DRIVER'S LICENCE

TO BE COMPLETED BY TAXICAB COMPANY OWNER

I, _____, Owner of Taxicab Owner's License No. _____
Company Name _____, will employ _____
the applicant mentioned herein, to drive a Taxicab in the Town of New Tecumseth.
Date: _____ Signature: _____

NOTE:

Personal information is being collected under the authority of the Municipal Act 2001, Chapter 25, as amended and Police Services Act, R.S.O.1990, as amended and will be used by the Town of New Tecumseth to process this application for administration of this licence and to ensure I comply with all applicable statutes, regulations and by-laws. Questions regarding the collection of this information should be directed to Clerk/Director of Administration Services, Town of New Tecumseth, 10 Wellington Street East, Alliston, Ontario, L9R 1A1, Telephone: 705-435-3900, FAX: 705-435-2873 or email: clerk@newtecumseth.ca

TO BE COMPLETED BY APPLICANT

New Application: Yes [] No []
Renewal: Yes [] No [] If Yes, Previous License No.: _____

NAME: _____ DRIVER'S LIC. # _____

ADDRESS: _____

TELEPHONE NUMBER: () _____ DATE OF BIRTH: _____
Day Month Year

Height: _____ Weight: _____

Ontario Addresses during past two (2) years (list from most recent)

Employment History (list from most recent and length of employment)

I hereby certify that I have received a copy of By-Law No. 2005-010 and amendments and agree to comply with the provisions of said By-Law.

As a result of making this application, the undersigned acknowledges, covenant and agrees to adhere to all Provincial Public Health Restrictions as of the date of this application and indemnify and save harmless the Town of New Tecumseth from any liability for medical issues arising from the process of issuing the said License howsoever arising.

_____ Date Signature of Applicant

Note: All fees payable upon approval of license.