



APPLICATION FOR A TAXICAB OWNER LICENCE

New Application Renewal Previous Licence No. _____

I request a licence to operate a Taxicab Business of _____ cars known as _____
(Name of Business)

and located at _____ Telephone No. _____
(Address of Business)

Email address: _____

I intend to use the following vehicles:

Year _____ Make _____ Model _____ Plate No. _____

Year _____ Make _____ Model _____ Plate No. _____

Year _____ Make _____ Model _____ Plate No. _____

Year _____ Make _____ Model _____ Plate No. _____

Year _____ Make _____ Model _____ Plate No. _____

The above vehicles are insured with _____
(Name of Insurer)

Policy No. _____ Expiry Date _____

Coverage: Public Liability \$ _____ Passenger Hazard \$ _____ Property \$ _____

Owner's Name _____
(Surname) (First) (Initial)

Address _____
(No./R.R.) (Street) (Town) (Postal Code)

Drivers Licence No. _____ Date of Birth _____ / _____ / _____
(Day) (Month) (Year)

Have you ever been convicted of an offence under any Federal or Provincial Statute? Yes No
If yes, state offence and date:

Have you ever been refused a Taxi Cab Owner's Licence previously? Yes No
If yes, state date and reason for refusal:

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 acknowledge, covenant and agree 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

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 the 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, email: clerk@newtecumseth.ca

Proof Of:
Insurance Safety Certificate Vehicle Ownership
Criminal Record Check MTO Driver Abstract Record Vehicle Inspection