



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.

\_\_\_\_\_ Date Signature of Applicant

Note: All fees payable upon approval of license.