



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.

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

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

**Note:** All fees payable upon approval of licence.

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