

**CORPORATION OF THE TOWN OF NEW TECUMSETH**  
**APPLICATION FOR A TOW TRUCK OWNER'S LICENCE**

New Application  Renewal  Previous Licence No. \_\_\_\_\_

I request a licence to operate a Tow Truck business of \_\_\_\_\_ trucks known as \_\_\_\_\_  
(Name of Business)

and located at \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Address of Business)

Email address: \_\_\_\_\_

I intend to use the following vehicles: **(Safety Standard Certificate to be attached for each vehicle)**

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 \_\_\_\_\_

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 Tow Truck 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. 2008-119 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 of Administration Town of New Tecumseth 10 Wellington Street East, Alliston, ON L9R 1A1, Telephone: 705-435-3900

\_\_\_\_\_ 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

