



New  Renewal

License # \_\_\_\_\_

## Taxi Owner Licence Application

### Owner Application Contact Information

Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Phone Numbers: H \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Taxi Business Information

Taxi Company Name: \_\_\_\_\_

Property Location (Physical Address of Taxi Company):  
\_\_\_\_\_

Taxi Business Registration Number - OMVP (copy attached): \_\_\_\_\_

Insurance Company (Name/Address): \_\_\_\_\_

Insurance Policy No.(copy attached) All vehicles to have endorsement to carry passengers for compensation: \_\_\_\_\_

### Taxi Vehicle Information:

Information Required: Vehicle Year, Make , Model, the Licence Plate Number, the Name of the Registered Owner and the date on which it was Safety Certified.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

All owners are to submit a clean criminal record check and drivers abstract with the application. All drivers must apply individually for a Taxi's Drivers License.

**Taxi Owners Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information on this form is being collected under the authority of section 4 of the *Municipal Freedom of Information and Protection of Privacy Act*. This information will be used for the purpose of processing an access request under the *Act*. Enquiries regarding the collection of this information should be directed to the Office of the Clerk / Freedom of Information Coordinator, Municipality of Trent Hills, 66 Front Street South, Campbellford, Ontario K0L 1L0, 705-653-1900

### Office Use Only

	Yes	No		Yes	No
Application Completed	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Record Check	<input type="checkbox"/>	<input type="checkbox"/>
Business License (OMVP)	<input type="checkbox"/>	<input type="checkbox"/>	Drivers Abstract	<input type="checkbox"/>	<input type="checkbox"/>
Insurance (Endorsement)	<input type="checkbox"/>	<input type="checkbox"/>	Safety Certificates	<input type="checkbox"/>	<input type="checkbox"/>
Employee Signature: _____			Forward to Deputy Clerk for approval – Date: _____		
Laminate Issued (Date): _____			License Fee (\$110.00+ \$60.00 each vehicle): \$ _____		