

## APPLICATION FORM – Taxi Plate Holder/Driver/Broker

**CUSTOMER I.D. #** \_\_\_\_\_ **PLEASE PRINT LEGIBLY** **PREVIOUS YEAR'S LICENCE #** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street number/name Town Postal Code

**BUSINESS INFORMATION:** *If owner is a partnership or limited company, attach a list in conformity with the provision in the by-law.*

**Business Name:** \_\_\_\_\_  
Company Number and/or Name operated as

**Address:** \_\_\_\_\_  
Address for physical location of business, including Street, City, Postal Code

**CONTACT INFORMATION:** **Home Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Bus Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**VEHICLE INFORMATION:** **V.I.N.** \_\_\_\_\_ **Prov Plate #** \_\_\_\_\_

**Yr/make/model/colour** \_\_\_\_\_ **Name of Brokerage:** \_\_\_\_\_

**DRIVER INFORMATION:** **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Other municipalities licensed by:** \_\_\_\_\_

Personal information contained in this form is collected under the authority of By-law No. 2012 -121 - LI and will be used to determine eligibility for a licence. Questions about this collection should be directed to: Licensing & Public Services Coordinator, Town of Whitchurch-Stouffville, 111 Sandiford Drive, Stouffville, ON L4A 0Z8 905-640-1910 or 1-855-642-8697

Should this application be approved by the Council of The Corporation of the Town of Whitchurch-Stouffville and the appropriate licence subsequently issued, I do hereby agree to comply with the provisions of the Town of Whitchurch-Stouffville Licensing By-law and all of its amendments.

***I solemnly declare that the statements made in this application are true, to the best of my knowledge.***

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

**All applicants are required to provide:**     proof of ability to work in Canada     completed application / licence fee

**Taxi Driver (annually unless otherwise stated)**

- 2 colour photos of the applicant (passport size)
- Provincial driver's licence
- MTO driver record search, dated within 30 days
- Police Vulnerable Sector Check from the municipality in which you reside, dated within 30 days
- Signed original letter from a physician stating that the applicant is fit and able to drive a taxi cab, dated within 30 days of application (initial application & when requested)
- Letter of possibility of employment from the Plate Holder, Broker or Lessee
- Proof of successful completion of recognized AODA training course (initial application & when requested)

**Taxi Plate Holder (annually unless otherwise stated)**

- 2 colour photos of the applicant (passport size)
- Motor Vehicle Permit
- Safety Standards Certificate, dated within 36 days
- Certificate of insurance for vehicle showing a minimum of \$2,000,000.00 liability and endorsed that the policy will not be cancelled or amended without giving the Town ten (10) days' notice
- Copy of agreement of sale (if application involves sale of a vehicle)

**Taxi Broker (annually unless otherwise stated)**

- List of all owners for whom the Broker dispatches or with whom the Broker has entered into any arrangement for services, including every Taxicab and each Plate number for which the Broker dispatches.