## Taxi License Application



Personal information on this form is collected under authority of the Municipal Act, S.O. 2001 and will be used to process this application in order to determine eligibility to be licensed to operate a taxi within the Town of South Bruce Peninsula. The disclosure of this information is governed by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O.1990. Inquires may be directed to the Clerk at 519-534-1400, ext. 122.

Applicant of this initiation				
Name:				
Phone Number:				
Mailing Address:				
Email:				
Owner Name (if different from applicant):				
Taxi Company Information				
Business Name:				
Phone Number:				
Driver 1 Name:				
Driver 2 Name:				
Taxi License Number:				

## **Documentation Checklist**

Applicant/Owner Information

The following checklist is provided to ensure that the applicant provides all required documentation in order to be considered for a license.

- Commercial General Liability Insurance Policy
  - Not less than \$5,000,000 per occurrence/\$10,000,000 aggregate
  - Insures against third party claims for bodily injury (including death), personal injury and/or property damage as a result of actual or alleged negligence

	<ul> <li>Insurance coverage noted above shall be maintained in force throughout the term of the licence</li> </ul>			
0	Vehicle Safety Certificate  If required			
0	<ul> <li>Driver Pictures</li> <li>2 driver pictures (head and shoulders) for Photo ID</li> <li>Not required to be professional photography</li> </ul>			
0	License Fee  Non-refundable  As per Town Fee By-Law			
0	<ul> <li>Photos of Taxi</li> <li>Photo including company name</li> <li>Photo including rear bumper showing taxi license number and accessibility messaging</li> </ul>			
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taxis in the docur	n the Town of South Bruce Town when making applic	e Peninsula. I have provide cation for a license. I hereborovided is correct and that		
Sign Name		Print Name	Date	
Offi	ce Use			
Application Filing Date:				
Application Filing Fee Received: Amount:			Initials:	
Date of Issue of License:			Initials:	
Date of Refusal to Issue License:			Initials:	
Date of Appeal to Council by Applicant:				
Coun	cil Decision:			