



**Town of Newmarket
Drivers & Vehicles Affiliated with Taxicab Company**

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

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Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Office Use Only

Reviewed By:

Date



Town of Newmarket
Statutory Declaration

IN THE MATTER OF Application for a Taxicab Company

I, _____

Name of Declarant

of the _____ of _____
"City, Town or Village" Name of City, Town or Village Declarant resides

in the _____ of _____
"County or Region" Name of County where Declarant resides

SOLEMNLY DECLARE, THAT:

- 1. I am the _____ for the Taxicab Company operating under the name of (title or position of declarant within the Taxicab Company)

(full legal name of Taxicab Company)

- 1. I have authority to make this declaration on behalf of the Taxicab Company applying for the licence herein and the information contained in this declaration is binding on the said Taxicab Company.
2. The Taxicab Company confirming that every Taxicab affiliated with the Taxicab Company has the following:
i. vehicle ownership;
ii. a Safety Standard Certificate issued within one year of the Affiliation Date; and
iii. proof of valid Ontario Standard Automobile Insurance Policy insuring themselves in respect of the Taxicab owned by them covering public liability and property damage in the minimum amount of \$2,000,000.00
3. An insurance certificate demonstrating commercial general liability business insurance for the operations of the Taxicab Company against claims filed against the Taxicab Company with respect to bodily injury, including personal injury and death, and property damage with a per occurrence limit of at least \$5,000,000. The Town must be included as an additional insured under this policy but only with respect to the operations of the Taxi.

And I make this solemn Declarations conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Declarant

DECLARED before me at the _____ of _____.

In the _____ of _____, Province of _____,

This _____ day of _____ 20_____.

Declaration must be signed and stamped by a Commissioner for taking affidavits or Notary Public.

Office Use Only

Reviewed By:

Date



Town of Newmarket
Statutory Declaration

IN THE MATTER OF Application for a Taxicab Company

I,

Name of Declarant

of the of
City, Town or Village Name of City, Town or Village Declarant resides

in the of
County or Region Name of County where Declarant resides

SOLEMNLY DECLARE, THAT:

- 1. I am the for the Taxicab Company operating under the name of (title or position of declarant within the Taxicab Company)

(full legal name of Taxicab Company)

- 1. I have authority to make this declaration on behalf of the Taxicab Company applying for the licence herein and the information contained in this declaration is binding for the Taxicab Company named herein.
2. The Taxicab Company confirms that all Taxicab Drivers affiliated with the Taxicab Company have provided the following to the Taxicab Company, which comply with the standards set out in the Mobile Licensing By-Law 2020-07:
i. a Criminal Record Check issued within one year of the Affiliation date;
ii. a Driver's Abstract issued within one year of the Affiliation date;
iii. proof of a valid driver's licence.

I make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Declarant

DECLARED before me at the of

In the of, Province of

This day of 20

Declaration must be signed and stamped by a Commissioner for taking affidavits or Notary Public.

Office Use Only

Reviewed By:

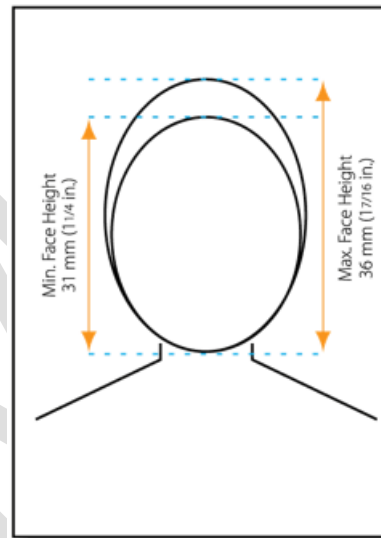
Date

TAXICAB DRIVER IDENTIFICATION

BUSINESS NAME:

DRIVER'S FULL NAME:

NEWMARKET BUSINESS LICENCE #



- Must be provided upon request
- Displayed at all times & visible
- New drivers are required to be registered with the Town