

**Taxicab Company Licence Application** 

| Date Received:   |  | Licence Number:                                 |   |  |  |  |
|--|--|---|---|--|--|--|
| A. Type of Licence   |  |   |   |  |  |  |
| B. Application Requirements:   |  |   |   |  |  |  |
| The following documents must be include  | d with this application  | :   |   |  |  |  |
| ☐ List of all Taxicab Drivers affiliated with the Taxicab Company. ( See Form )  |  |   |   |  |  |  |
| List of Taxicabs affiliated with the Taxicab Company, the list shall include the following: (See Form )                              |  |   |   |  |  |  |
| ☐ Year of the vehicle, make and model  |  |   |   |  |  |  |
| ☐ Ontario Licence Plate number of the Taxicab Vehicle  |  |   |   |  |  |  |
| Assigned number associated with the Taxicab  |  |   |   |  |  |  |
| ☐ Sworn declaration that all Taxicab Drivers have provided the following information: (See Form )                                    |  |   |   |  |  |  |
| ☐ Criminal Record Check within 1 year of affiliation date  |  |   |   |  |  |  |
| ☐ Driver's Abstract issued within 1 year of affiliation date   |  |   |   |  |  |  |
| ☐ Proof of a valid Driver's Licence  |  |   |   |  |  |  |
| ☐ Sworn declaration that all Taxicabs have   | the following information  | n: (See Form )                                  |   |  |  |  |
| ☐ Vehicle Ownership  |  |   |   |  |  |  |
| ☐ Safety Standard Certificate issued with 1 year of affiliation date   |  |   |   |  |  |  |
| ☐ Proof of valid automobile insurance of \$2,000,000   |  |   |   |  |  |  |
| ☐ Proof that applicant is at least eighteen (1   | 8) years of age  |   |   |  |  |  |
| ☐ Proof that applicant is a Canadian Citizen   | , or a landed immigrant o  | or produce a valid wo                           | rk permit                                       |  |  |  |
| ☐ Insurance certificate demonstrating commercial general liability business insurance of \$5,000,000                                 |  |   |   |  |  |  |
| ☐ All new applications shall be accompanied by a non-refundable \$50.00 application processing fee                                   |  |   |   |  |  |  |
| ☐ Fee  |  |   |   |  |  |  |
| Additional Information The applicant or the partner in the case of a recommendation.   | partnership, or any office   | er, director in the case                        | of a corporation:                               |  |  |  |
| Presently the holder of a broker license in  | he applicant or the partner in the case of a partnership, or any officer, director in the case of a corporation:  Presently the holder of a broker license in The Town of Newmarket? Yes  No |   |   |  |  |  |
| If yes, please provide name of Company:  |  | No 🗆  | ·   |  |  |  |
| 2. Will you operate on a 24-hour basis?  | Yes 🗌  | No 🗌  |   |  |  |  |
| Applicant Information Name of Applicant:   |  | Applicant Contact                               | number  |  |  |  |
| Taxicab Company Information  |  |   |   |  |  |  |
| Name of Company:   |  |   |   |  |  |  |
| Street address:  |  |   |   |  |  |  |
| Municipality:  | Postal code:   | Province: E-                                    | -mail:  |  |  |  |
| Telephone number:  | Fax  |   | Applicant's Contact number:                     |  |  |  |
| D. Declaration of Applicant  |  |   |   |  |  |  |
| [  |  |   | certify that:                                   |  |  |  |
| (print name) By signing this application the Owner/Applica false information may result in a revocation o                            |  |   | The Owner/Applicant further agree that any      |  |  |  |
| Date Signature of Applicant  |  |   |   |  |  |  |
| The information collected is required pursuan the application, and to determine whether to enforcement purposes to ensure compliance | nt to the terms of the <i>Mui</i><br>issue a licence. Informat   | nicipal Act and will be ion will also be used f | for administration of such licence, and for law |  |  |  |
| Office Use Only Date:  |  | Approved by:                                    |   |  |  |  |
| Owner's licence: \$  |  | Account Number: 13121.7733                      |   |  |  |  |



# Taxicab Company Application Form #01 Legislative Services Licensing Division

## 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 |
| 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 |
| 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 |
| Year:        | _ Make: | Model:    | Ontario License Plate: |
| Full Name:   |         |           | Taxicab Vehicle Number |
| Year:        | _ Make: | Model:    | Ontario License Plate: |
|              |         | Office Us | se Only                |
|              |         |           |                        |
| Reviewed By: |         |           | Date                   |



#### Taxicab Company Application Form #02 Legislative Services

Licensing Division

### **Town of Newmarket Statutory Declaration**

IN THE MATTER OF Application for a Taxicab Company

| ,  |  |
|--|--|
| Name of Declarant  |  |
| of the   | of   |
| City, Town or Village"   | Name of City, Town or Village Declarant resides  |
|  | ,  |
| n the<br>County or Region"   | of Name of County where Declarant resides  |
| OLEMNLY DECLARE, THAT:   |  |
| I am the under the name of (title or po                                  | for the Taxicab Company operating osition of declarant within the Taxicab Company)   |
| (full legal name of Taxicab Com  | <br>ipany)   |
| •  | elaration on behalf of the Taxicab Company applying for the licence ined in this declaration is binding on the said Taxicab Company.   |
| . The Taxicab Company confirming following:                              | g that every Taxicab affiliated with the Taxicab Company has the   |
| <ul> <li>iii. proof of valid Ontario Standa</li></ul>                    | e issued within one year of the Affiliation Date; and ard Automobile Insurance Policy insuring themselves in respect of the ering public liability and property damage in the minimum amount of trating commercial general liability business insurance for the any against claims filed against the Taxicab Company with respect to injury and death, and property damage with a per occurrence limit of nust be included as an additional insured under this policy but only the Taxi. |
| And I make this solemn Declarations came force and effect as if made und | conscientiously believing it to be true, and knowing that it is of the der oath.   |
| Signature of Declarant   | <del></del>  |
| DECLARED before me at the  | of   |
|  | , Province of,   |
| hisday of  |  |
| Declaration must be signed and stam                                      | nped by a Commissioner for taking affidavits or Notary Public.   |
|  | Office Use Only  |
|  |  |
| Reviewed By:   | <br>Date   |



Reviewed By:

## Taxicab Company Application Form #03 Legislative Services

Licensing Division

### **Town of Newmarket Statutory Declaration**

IN THE MATTER OF Application for a Taxicab Company

| I,                             |   |                 |  |
|--------------------------------|---|-----------------|--|
| Name of Declarant              |   |                 |  |
| of the<br>'City, Town or Villa | je"   | of              | Name of City, Town or Village Declarant resides  |
| in the<br>"County or Region"   |   | of              | Name of County where Declarant resides   |
| SOLEMNLY DECL                  | ARE, THAT:  |                 |  |
| 1. I am the<br>under the n     | ame of (title or position   | n of declarant  | for the Taxicab Company operating within the Taxicab Company)  |
| (full legal name               | e of Taxicab Company  | <u>')</u>       |  |
|                                |   |                 | of the Taxicab Company applying for the licence ation is binding for the Taxicab Company named       |
|                                | lowing to the Taxicab   |                 | rivers affiliated with the Taxicab Company have nich comply with the standards set out in the Mobile |
| ii. a Driver's A               | Record Check issued was stract issued within called driver's licence. | •               | ar of the Affiliation date;<br>e Affiliation date;   |
|                                | Declaration conscienti<br>if made under oath.                         | iously believin | ng it to be true, and knowing that it is of the same   |
| Signature of Declar            | ant   |                 |  |
| DECLARED before                | me at the   | of              |  |
| In the                         | of  |                 | , Province of,   |
| This                           | day of  | 20              | <u>.</u>   |
| Declaration must be            | signed and stamped  | by a Commis     | sioner for taking affidavits or Notary Public.   |
|                                | -   | Office Us       | se Only  |
|                                |   |                 |  |
|                                |   |                 |  |
|                                |   |                 |  |

Date

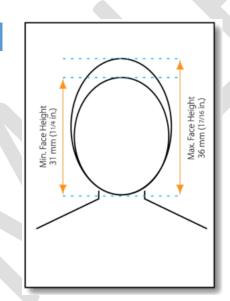
# Taxicab Company Application Form #04 Legislative Services Licensing Division

#### 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