



## 2025 Taxi License Checklist for Drivers

The following is required by the Municipality of Brockton as per **By-Law 2005-25, By-Law 2006-12 and By-Law 2024-089** to issue a Taxi License:

- Complete Application for a License as a Taxi Driver (Schedule B to By-Law 2005-25) (Annually)
- Letter from the Municipality of Brockton requesting OPP for Vulnerable Sector Check (Vulnerable Sector Check Valid for 2 Years)
- Submit letter and request for Vulnerable Sector Check to the OPP
- Submit OPP Vulnerable Sector Screening Checklist to Municipality of Brockton
- Provide MTO Driver's Abstract to Municipality of Brockton (Annually)

Fees:

- Taxi Driver Photo ID Card \$31.00

**\*Fees are effective as of February 1, 2025 as per By-Law 2024-070 – 2025 Fees and Charges**

**\*Please note:** On October 22, 2024 Brockton Council enacted By-Law 2024-089 amending the **Taxi Licensing term** to be from **February 1<sup>st</sup> to January 31<sup>st</sup>** of the following year (Example: February 1, 2025 to January 31, 2026).

**Only Taxi Driver License Applications submitted with complete paperwork and all necessary documents will be accepted.** Complete applications will be processed within one week of receipt.

If you have any questions regarding Taxi Licensing please contact the Clerk's Department:

Sarah Johnson, Deputy Clerk  
519-881-2223 Ext. 159 or [sjohnson@brockton.ca](mailto:sjohnson@brockton.ca)

Fiona Hamilton, Clerk  
519-881-2223 Ext. 124 or [fhamilton@brockton.ca](mailto:fhamilton@brockton.ca)

**Schedule B to By-Law 2005-25**

**Application for License as a Taxi Owner/Operator, Driver**

Tick the box of the appropriate Licence(s) to which this application applies

Taxi Owner/Operator

Taxi Driver

(Note: If the Taxi Owner/Operator is a partnership, attach all information below in respect of all partners

Full Legal Name of Applicant: \_\_\_\_\_

Street Address of Applicant: \_\_\_\_\_

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

(if different from above) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is the Applicant a Corporation?  Yes:  No:

Birthdate of Applicant (if partnership or corporation, birthdate of all principals): \_\_\_\_\_

Number of vehicles owned by Applicant which are intended to be licenced under this by-law:

\_\_\_\_\_.

Has a Taxicab/Limousine Vehicle Licence Applicant been attached for each vehicle?

Yes

No

If a Broker Licence Application, name and addresses of all vehicle owners or lessees for whom the Broker Applicant will act as Taxi Broker (Attach a separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Please provide the following if applicant is applying for a Taxi Driver's Licence

Ontario Drivers Licence: \_\_\_\_\_ Classification: \_\_\_\_\_

Expiration: \_\_\_\_\_

The applicant agrees to provide information on request; including personal information as defined in the Municipal Freedom of Information and Protections of Privacy Act.

In particular, I authorize the Corporation and its agents to enquire into any background in order to determine my suitability as a taxi driver/owner. These enquiries will include a criminal check, a driver licence history check and a review of all other police contacts deemed relevant.

I understand that information, including personal information, may be exchanged between the Municipality of Brockton and the South Bruce Detachment of the Ontario Provincial Police.

I have provided complete and correct information as required by this application. Criminal convictions and convictions for any of the offences listed in Section 6.6 of this bylaw will result in the rejection of this application. Relevant information from police data bases will be considered in the application process; ie. Included but not limited to nature of contact, potential for recurrence etc. All decisions regarding this application will be made by the Council for the Municipality of Brockton with leave to appeal any decision to them.

I have read By-law 2005-25, understand it and agree to abide by it.

I have read this consent, understand it and agree to it in its entirety.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Clerk Date