Schedule E to By-Law 2005-25

Application for a Taxicab/Limousine Vehicle License

Name of Registered Owner of Vehicle: _____

Mailing Address of Owner: _____

_____

If a partnership or corporation, state the above in respect of all principals. If a lease vehicle, state Lessee's name and address.

_____

_____

_____

_____

License # of Vehicle: _____

Serial # of Engine: _____

Year: _____

Model: _____

Make: _____

Colour: _____

Odometer reading: _____

Insurer: _____

Agency: _____

Address of Agency: _____

Expiry Date of Insurance: _____

Agency Telephone: _____

Safety Standard Certificate Number: _____

Has this vehicle ever been involved in a motor vehicle accident? _____

_____	_____	_____	_____
Signature of Applicant	Date	Signature of Clerk	Date