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