



THE MUNICIPALITY OF
LAMBTON SHORES

Administration Office - 7883 Amtelecom Parkway, Forest, ON NoN 1J0
T: 519-786-2335 / 1-877-786-2335 F: 519-786-2135

Taxi Vehicle License Application

Application Date and Time

Taxi Business Name: _____ Phone: _____

Full Name of Applicant			
First Name	Last Name	Middle Initial	
Street Address		Telephone Number	
City/Town	Province	Postal Code	Fax Number
Business Name		After Hours Telephone Number	

Taxicab Information

Vehicle Licence Plate # _____ Vehicle Identification Number _____

Make /Model: _____ Year: _____ Color: _____

Registered in the Name of: _____

Are you listed with the Better Business Bureau of Western Ontario? Yes _____ No _____

Type of Signage used to identify vehicle as a taxicab: _____

Note: This application will not be accepted until **all** documentation is submitted. This application and supporting documentation will be evaluated before a decision is made.

The following documentation must accompany this application.

- Certificate of Mechanical Fitness (dated no less than 15 days from the application date.)
- If owned by a Corporation, Corporate details must be attached
- Proof of 2 million dollars liability insurance spanning the term of the licence
- Letter from Insurer, undertaking to notify the Municipality if the insurers intention to cancel a policy of insurance.
- List of other municipalities in which you operate a taxicab service .
- Required fees.

I, _____ solemnly declare that the statements contained in this application are true and 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.

The undersigned agrees that the issuance of a license will be subject to comments from such municipal or provincial departments or agencies as the Clerk deems necessary, and that the issuance of a license is not intended and shall not be construed as permission or consent by the Corporation for the holder of the license to contravene or fail to observe or comply with any law of Canada or Ontario or a by-law of the Corporation.

Applicant's Signature _____ (If a corporation, affix seal)

Sworn before me at The _____, in the County of _____ this _____ day of _____, 20__.

Commissioner's Signature _____

Notice of Collection

Personal information collected on this form is collected under the authority of the Municipal Act, 2001 s. 155(1) S.O. 2001, c. 25, and will be used on accordance with the Taxi Bylaw 4050-1992.

This section for Clerk's Office Use only.

Refused Granted Licence Fee Paid

Comments:

Taxi Driver License Number	Signature of the Clerk	Issue Date (YYYYMMDD)
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