



Town of
East Gwillimbury

**TAXICAB DRIVER APPLICATION
RENEWAL**

PLEASE PRINT

Application Date: _____

1. APPLICANT'S INFORMATION:

Applicant _____
Address _____

Phone(s) _____
P.D.L. _____
E-Mail _____

2. EMPLOYMENT INFORMATION:

Cab Company _____
Address _____

Phone(s) _____
O/A _____
E-Mail _____

3. LICENCE HISTORY

Have you been refused a municipal licence or had one suspended or revoked?

If yes, details _____

4. CRIMINAL HISTORY

Have you been charged or convicted criminally?

If yes, details _____

FOR OFFICE USE ONLY:

Application Fee \$ _____
Form of Payment _____
Taken By _____

Date of Issue

Authorizing Signature

The following documents and inspections are required as part of your Taxicab Driver licence application:

PROVINCIAL DRIVERS LICENCE

PROOF OF WORK STATUS (Birth certificate, passport or citizenship card)

POLICE LETTER*(Required every two years)

M.T.O. ABSTRACT* (Original inspection certificate must be dated within 90 days of application)

MEDICAL FITNESS CERTIFICATE*(Required every two years)

LICENCE FEE \$151.00

An appointment must be made to complete the application process. Please contact Legal and Council Support Services Department at 905-478-4282 ext. 1247.

I am the applicant herein and am aware that certain searches must be made in the processing of my application for a license and I consent to the Town of East Gwillimbury making enquiries to all the appropriate authorities regarding any criminal record.

I acknowledge that the foregoing application may contain "personal information" as defined under the Municipal Freedom of Information and Protection of Privacy Act, 1989, and that such information is required pursuant to the provisions of the Municipal Act and will be utilized by the Town for the administration of this license.

Note: If you have any questions with regard to the collection and use of the personal information requested herein, please contact the By-Law & Licensing Coordinator at Town of East Gwillimbury, 19000 Leslie Street, Sharon, ON, L0G 1V0

Signature of Applicant

Date