



TAXICAB OWNER LICENCE APPLICATION

Bylaw Services (905) 619-2529 ext. 3370

Bylawservices@ajax.ca

Application Type

Renewal

New

Where applicant is a corporation:

To be completed by the Applicant- Fill in all information and please print neatly			
Date of Application:		Corporation Name OR Number:	
Operating As: (If Applicable)			
Name of Corporation Contact Person Making Application and Position:			
Street Number and Address of Head Office:			Municipality:
Province:	Postal Code:	Primary Phone Number:	Alternate Phone Number:
Email Address:			
Mailing Address: (If Different than Above)			
Names of alternate Individuals who have authority to speak or deal with the Town with regard to the corporation.			
Name	Position/Title	Contact Information	

Where applicant is an individual:

Date of Application:		Given Name:		Middle Name:
Surname:		Street Number and Address:		
Municipality:		Postal Code:	Primary Phone Number:	
Business Name:		Business Address:		
Municipality:	Province:	Postal Code:	Alternate Phone Number:	
Email Address:				
Mailing Address (If different than above)				

Number of plates for Accessible Taxis	Number of plates for Non-Accessible Taxis

This form is available in alternate formats, upon request, by contacting 905-619-2529 ext. 3347, or email accessibility@ajax.ca

Schedule "A" attached hereto must be filled out in full and submitted with this application. Should you have the information required on a separate document it may be submitted with this application, if the required information is included and legible.

I solemnly declare that to the best of my knowledge, the information on and included with this application is true and complete in all respects.

Signature of Applicant

Personal information contained on this form is collected under the authority of the Municipal Act, and will be used for the purpose of making a determination of the application and maintaining a business record upon acceptance. Questions about this collection should be directed to the Records & Freedom on Information Coordinator at 65 Harwood Avenue South, Ajax, Ontario, L1S 2H9, (905)619-2529, ext. 3343

Office Use Only

Required Documents

- Insurance Certificate Vehicle Ownerships Safety Certificates
- Completed Schedule "A"
- Articles of Incorporation (if applicant is a corporation and this is a first-time application)

<u>By-law Approval</u>	Date:
Print Name:	Signature:
Fee Paid: \$ _____ (as per Fees and Charges By-law)	

AMANDA # _____

Schedule A - Taxicab Owner's Vehicles

Complete the following information for Taxicab Owner's Plates:

	Ajax Taxi Plate Number	Ontario License Plate Number	Safety Certificate Date	Ownership VIN #	Certificate of Insurance	Accessible Taxicab P.D.P Approval on Annual Inspection Certificate
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						