

**APPLICATION FORM
TAXICAB AND LIMOUSINE
OWNER / BROKER LICENSE**

PLEASE PRINT

To be completed by all Owners/Brokers	
Last Name	Given Name(s)
Alias Names (if applicable)	Maiden Name
Home Address	
Home Phone Number	

Name of Brokerage	
Phone Number of Business	
Business Address	Mailing Address
New _____ Renewal _____	
Previous License # _____	
Number of Licensed Taxicabs _____	

I _____ do hereby certify and declare that I have:

- 1) Read over the application
- 2) All the facts contained herein are true and accurate
- 3) I have the authority to bind the Company (where applicable)
- 4) If granted I undertake to comply with all the terms and conditions of the by-law

Signature

Witness

Date

Attachments Required

	Received
Fee \$300	

NOTE: THE USE OF FALSE OR MISLEADING INFORMATION IN THIS APPLICATION SHALL RESULT IN SUSPENSION OR REVOCATION OF THIS LICENCE.

LICENSE # _____ ISSUED BY _____

In accordance with the provisions of the Municipal Freedom of Information Act, 1989 (sections 28 and 29) we are requesting this information for the purpose of:

- a) Making a determination on the application; and
- b) Maintaining a business record upon acceptance.

Our authority for the collection of the information contained on this form is the Municipal Act.
Questions should be directed to:

Anne Greentree, Municipal Clerk,
40 Temperance Street, Bowmanville, Ontario, L1C 3A6,
Telephone 905-623-3379.