



**MUNICIPALITY OF CLARINGTON
APPLICATION FORM
TAXI & LIMOUSINE DRIVERS**

PLEASE PRINT

To be completed by all Drivers				
Last Name			Given Name(s)	
Home address			Maiden Name	
Home Phone Number				
Business name			Business Phone	
Date of Birth	Height	Weight	Eye Colour	Hair Colour
Provincial Driver's Licence # _____ New _____ Renewal _____ Previous License # _____ Taxicab/Limousine company you will be driving for _____				

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) If granted I undertake to comply with all the terms and conditions of the by-law

Signature

Date

Witness

REQUIRED DOCUMENTS:

- Driver's Abstract**
- Criminal Record Check**
- Municipal Medical Certificate**
- Required Fee**

***** NOTE: ALL DOCUMENTS MUST BE LESS THAN 30 DAYS OLD*****

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

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:*

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

FOR OFFICE USE ONLY

TO BE COMPLETED BY STAFF ONLY	RECEIVED
M.T.O. Driver's Abstract	
Criminal History Record	
Current Medical Certificate	
Required fee	

***** NOTE: ALL DOCUMENTS MUST BE LESS THAN 30 DAYS OLD*****

APPLICATION REVIEWED BY: _____ DATE _____

IF REQUIRED

COUNCIL DISPOSITION: _____ **RESOLUTION #** _____ **DATE** _____

APPROVED

DENIED

REFERRED TO COUNCIL

LICENSE # _____ **ISSUED BY** _____