



TAXICAB OWNER'S LICENCE APPLICATION

Township of Scugog
181 Perry Street, Box 780
Port Perry, ON
L9L 1A7

Fee: New - \$425 x Plates
Ren. - \$200 x Plates
Receipt No.:
Licence No.:

APPLICATION TYPE (Please circle one): New Renewal

WHERE APPLICANT IS AN INDIVIDUAL Please complete the following:

| | |
|----------------|--------------|
| NAME OF OWNER: | |
| ADDRESS: | |
| CITY: | POSTAL CODE: |
| PHONE (Res): | PHONE (Bus): |
| BUSINESS NAME: | |

WHERE APPLICANT IS A CORPORATION Please complete the following:

| | |
|-------------------|----------------|
| CORPORATION NAME: | |
| ADDRESS: | |
| CITY: | POSTAL CODE: |
| PHONE (Day): | PHONE (Night): |

NOTE: All Licences expire DECEMBER 31ST of each year.

Continued over.....

PLEASE COMPLETE THE FOLLOWING FOR ALL VEHICLES:

| Taxicab Plate No. | Ontario Plate No. | Safety Certificate | Ownership VIN No. | Certificate of Insurance | Accessible Taxicab PDP Approval on Annual Inspection Certificate |
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PLEASE COMPLETE THE FOLLOWING FOR ALL DRIVERS:

| NAME | ADDRESS |
|------|---------|
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I solemnly declare that the above information is true to the best of my knowledge and complete in all respects. I also acknowledge that all Licence Fees are non-refundable.

Signature of Applicant

Date

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.

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|----------------------------|--|
| OFFICE USE ONLY | |
| Application fees received: | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$. </div> (number of Taxi Owner Plates x current fee) |
| Approved By: | Date: |
| Issued By: | Date: |