

THE CORPORATION OF THE MUNICIPALITY OF  
GREENSTONE

**APPLICATION FOR LICENSE – 200**

**Part 1**

Name of Taxi-Cab Company: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Public Liability & Public Damage Per Vehicle: \_\_\_\_\_

Taxicab No.	Make of Vehicle	Colour	Year	Plate No.
1.				
2.				
3.				
4.				
5.				

**Part 2** (to be completed by driver applicant)

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Ontario Driver's License? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Position To Be Held: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Have you been convicted under the Criminal Code of Canada, the Food and Drug Act, or the Narcotic Control Act, during the three (3) years preceding the date of this application:

Yes:  No:

If so, give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***NOTE: A false statement may result in this form not being processed or in the revocation or cancellation of any license issued.***

-----  
*I am prepared to carry on business as applied for in this application in accordance with the By-Laws of the Town of Geraldton and I make the foregoing statements to obtain the license applied for conscientiously, believing them to be true and knowing that they are of the same force and effect as if made under oath by virtue of the Canada Evidence Act.*

Declared before me at the Municipality of Greenstone, Geraldton Ward, this \_\_\_\_\_ day of \_\_\_\_\_ 200 .

\_\_\_\_\_  
Mike H. Hammer  
Director – Protective & Planning Services

\_\_\_\_\_  
Applicant