



APPLICATION Driver's Licence

Application for:

Taxicab Driver's Licence

Limousine Driver's Licence

Applicant Information

Name of Company:

Name of Applicant:

Address of Applicant:

Phone # (s):

City/Town:

Province:

Postal Code:

Date of Birth:

___ / ___ / ___
D M Y

Province of Ontario Driver's Licence Number:

Application Date:

___ / ___ / ___
D M Y

Compliance

I, the Applicant, comply with the Integrated Accessibility Standards of the *Accessibility for Ontarians with Disabilities Act*.

Yes No

I, the Applicant, have examined and shall comply with the Town of Perth's Taxi and Limousine By-law No. 4457.

Yes No

I, the Applicant, am a:

(Check all boxes that apply)

Taxicab Driver Taxicab Owner Taxicab Broker Limousine Driver Limousine Owner

Licencing Fee(s) and Required Documents

Application Fee: \$31.10

Police Vulnerable Sector Check (dated no later than 36 days prior to the application)

Administration Use Only

Received: Yes No

Received: Yes No

I, the undersigned solemnly declare that the statements contained in this application are true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant

Date

Personal information contained in this Application will be used for internal administration purposes, all information will be kept strictly confidential.

This Section is for Administration Use Only

I have reviewed and approve of this application.

Signature of Chief Building Official

Date Approved

Application Denied

Reason(s) for Denial

Taxicab / Limousine Driver Licence No.: _____

Expiry Date: June 30, _____