



APPLICATION Operator's Licence

Application for:

Taxicab Operator's Licence

Limousine Operator's Licence

Applicant Information

Name of Company:

Owner of Company:

Address of Owner:

Phone # (s):

Application Date: ___ / ___ / ___
D M Y

City/Town:

Province:

Postal Code:

Date of Birth: ___ / ___ / ___
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

Insurance Coverage

I, the Applicant, have attached a copy of Insurance Coverage in accordance with By-law No. 4457 and the described vehicle is insured against Legal Liability for bodily injury or death or damage to property of others including passenger hazard with coverage of not less than \$2,000,000.

Yes No

Insurance Company Name:

Policy Number:

Name of Agent:

Phone No.:

Vehicle #1

Vehicle Make:

Model:

Colour:

Licence Plate Number:

VIN Number:

Certificate of Mechanical Fitness No.:

Vehicle #2

Vehicle Make:

Model:

Colour:

Licence Plate Number:

VIN Number:

Certificate of Mechanical Fitness No.:

Vehicle #3

Vehicle Make:

Model:

Colour:

Licence Plate Number:

VIN Number:

Certificate of Mechanical Fitness No.:

Vehicle #4

Vehicle Make:

Model:

Colour:

Licence Plate Number:

VIN Number:

Certificate of Mechanical Fitness No.:

Licensing Fee(s) and Required Documents

Application Fee: \$103.40 Certificate of Mechanical Fitness Name and Address of Each Driver	Administration Use Only	
	Received:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Received:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Received:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Indemnification and Hold Harmless Agreement

In accordance with By-law No. 4457, I hereby agree to indemnify and hold harmless the Corporation of the Town of Perth, its agents, servants, employees and officials from any claim, actions or suits which might be brought against the Corporation of the Town Perth arising out of the operation of my Taxicabs / Limousine(s) in any matter whatsoever, or any error or omission.

Further, I hereby acknowledge that the Corporation of the Town of Perth will receive in writing (at least 15 days prior notice) of any cancellation or expiration, or any changes to the terms and conditions of any insurance policy regarding a licenced vehicle.

Affidavit

In the matter of the *Municipal Act*, as amended, and the Town of Perth's Taxi and Limousine By-law No. 4457, I, _____ of the _____ of _____ in the County of _____, in the Province of Ontario, do solemnly declare:

- a) That I have full knowledge of the statements made in this Application form;
- b) That I am the applicant for an Operator's Licence under the said By-law No. 4457;
- c) That I will immediately advise, in writing, to the Town Clerk of any changes which may take place regarding the questions completed in the Operator's Licence Application;
- d) That I will conform with regulations of By-law No. 4457 , and;
- e) That the statements herein contained are to the best of my knowledge and belief, true in substance and in fact, and I make the solemn declaration conscientiously believing it to be true and knowing that it is 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 Operator's Licence No.: _____	Expiry Date: June 30, _____
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