

Date Received:	License Number:
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A. Type of License

New Renewal

B. Application Requirements:

The following original documents must be included with this application:

List of all plate numbers and owners, dispatched through your brokerage

List of all drivers, first and last name, together with taxi driver license number, dispatched through your brokerage

Fee

Will you operate on a 24-hour basis? Yes No

Federal Radio License # _____ Call Number _____ License # _____

Additional Information

The applicant or the partner in the case of a partner in the case of a partnership, or any officer or director in the case of a corporation:

1. Is presently the holder of a taxicab, plate owner or a broker license in the Town of Newmarket or any other town?
Yes No
If yes, please provide information: _____
2. Presently the holder of a taxicab plate owner of a broker license in The Town of Newmarket in the past 3 years or in any other town? Yes No
If yes, please provide information: _____
3. Has ever had any license or registration of any kind including a driver's license, refused, suspended, revoked or cancelled? Yes No
If yes, please provide information: _____
4. Has ever been convicted under any law, of any Country, State or Province, of a Criminal Offence?
Yes No
If yes, please provide information: _____
5. Is there any person or corporation, whose name is not disclosed in the application, who has any financial interest in the applicant, or who otherwise exercises control or direction over the applicant? Yes No
If yes, please provide information: _____

C. Broker Information

Name of Broker: _____

Street address: _____

Municipality:	Postal code:	Province:	E-mail:
Telephone number: ()	Fax ()	Cell number ()	

D. Owner Information

Name: _____

Street Address: _____

Municipality:	Postal Code:	Province:	E-mail:
Telephone Number: ()	Fax ()		

D. Declaration of Applicant

I _____ certify that:
(print name)

By signing this application the Owner/Applicant agrees that all information provided is true. The Owner/Applicant further agree that any false information may result in a revocation of any license that may be issued.

_____ _____
Date Signature of Applicant

This application may contain personal information as defined under the *Municipal Freedom of Information and Protection of Privacy Act*. The information collected is required pursuant to the terms of the *Municipal Act* and will be used by the Town of Newmarket to process the application, and to determine whether to issue a license. Information will also be used for administration of such license, and for law enforcement purposes to ensure compliance with all applicable statutes,

regulations and by-laws.

OFFICE USE ONLY

Date:	Approved by:
Owner's license: \$	Account Number: 13121.7741.01
Lost Plate Fee: \$	Account Number: 13121.7741.02
Change/Add Location Fee: \$	Account Number: 13121.7741.04