



Taxicab Company Licence Application

Date Received:	Licence Number:
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A. Type of Licence

New
 Renewal

B. Application Requirements:

The following documents must be included with this application:

- List of all Taxicab Drivers affiliated with the Taxicab Company. (See Form)
- List of Taxicabs affiliated with the Taxicab Company, the list shall include the following: (See Form)
 - Year of the vehicle, make and model
 - Ontario Licence Plate number of the Taxicab Vehicle
 - Assigned number associated with the Taxicab
- Sworn declaration that all Taxicab Drivers have provided the following information: (See Form)
 - Criminal Record Check within 1 year of affiliation date
 - Driver's Abstract issued within 1 year of affiliation date
 - Proof of a valid Driver's Licence
- Sworn declaration that all Taxicabs have the following information: (See Form)
 - Vehicle Ownership
 - Safety Standard Certificate issued with 1 year of affiliation date
 - Proof of valid automobile insurance of \$2,000,000
- Proof that applicant is at least eighteen (18) years of age
- Proof that applicant is a Canadian Citizen, or a landed immigrant or produce a valid work permit
- Insurance certificate demonstrating commercial general liability business insurance of \$5,000,000
- All new applications shall be accompanied by a non-refundable \$50.00 application processing fee
- Fee

Additional Information

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

1. Presently the holder of a broker license in The Town of Newmarket? Yes No
 If yes, please provide name of Company: _____
2. Will you operate on a 24-hour basis? Yes No

Applicant Information

Name of Applicant:	Applicant Contact number
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Taxicab Company Information

Name of Company: _____

Street address: _____

Municipality:	Postal code:	Province:	E-mail:
Telephone number:	Fax	Applicant's Contact number:	

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 licence 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 licence. Information will also be used for administration of such licence, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.

Office Use Only

Date:	Approved by:
Owner's licence: \$	Account Number: 13121.7733



**Town of Newmarket
Drivers & Vehicles Affiliated with Taxicab Company**

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

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Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Full Name: _____ Taxicab Vehicle Number _____

Year: _____ Make: _____ Model: _____ Ontario License Plate: _____

Office Use Only

Reviewed By:

Date



Town of Newmarket
Statutory Declaration

IN THE MATTER OF Application for a Taxicab Company

I, _____

Name of Declarant

of the _____ of _____
"City, Town or Village" Name of City, Town or Village Declarant resides

in the _____ of _____
"County or Region" Name of County where Declarant resides

SOLEMNLY DECLARE, THAT:

- 1. I am the _____ for the Taxicab Company operating under the name of (title or position of declarant within the Taxicab Company)

(full legal name of Taxicab Company)

- 1. I have authority to make this declaration on behalf of the Taxicab Company applying for the licence herein and the information contained in this declaration is binding on the said Taxicab Company.
2. The Taxicab Company confirming that every Taxicab affiliated with the Taxicab Company has the following:
i. vehicle ownership;
ii. a Safety Standard Certificate issued within one year of the Affiliation Date; and
iii. proof of valid Ontario Standard Automobile Insurance Policy insuring themselves in respect of the Taxicab owned by them covering public liability and property damage in the minimum amount of \$2,000,000.00
3. An insurance certificate demonstrating commercial general liability business insurance for the operations of the Taxicab Company against claims filed against the Taxicab Company with respect to bodily injury, including personal injury and death, and property damage with a per occurrence limit of at least \$5,000,000. The Town must be included as an additional insured under this policy but only with respect to the operations of the Taxi.

And I make this solemn Declarations conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Declarant

DECLARED before me at the _____ of _____.

In the _____ of _____, Province of _____,

This _____ day of _____ 20_____.

Declaration must be signed and stamped by a Commissioner for taking affidavits or Notary Public.

Office Use Only

Reviewed By:

Date



Town of Newmarket
Statutory Declaration

IN THE MATTER OF Application for a Taxicab Company

I,

Name of Declarant

of the of
City, Town or Village Name of City, Town or Village Declarant resides

in the of
County or Region Name of County where Declarant resides

SOLEMNLY DECLARE, THAT:

- 1. I am the for the Taxicab Company operating under the name of (title or position of declarant within the Taxicab Company)

(full legal name of Taxicab Company)

- 1. I have authority to make this declaration on behalf of the Taxicab Company applying for the licence herein and the information contained in this declaration is binding for the Taxicab Company named herein.
2. The Taxicab Company confirms that all Taxicab Drivers affiliated with the Taxicab Company have provided the following to the Taxicab Company, which comply with the standards set out in the Mobile Licensing By-Law 2020-07:
i. a Criminal Record Check issued within one year of the Affiliation date;
ii. a Driver's Abstract issued within one year of the Affiliation date;
iii. proof of a valid driver's licence.

I make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Declarant

DECLARED before me at the of

In the of, Province of

This day of 20

Declaration must be signed and stamped by a Commissioner for taking affidavits or Notary Public.

Office Use Only

Reviewed By:

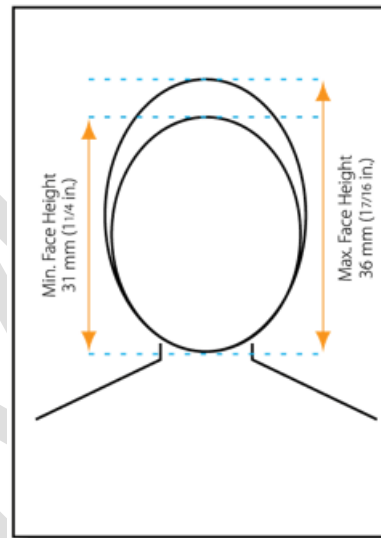
Date

TAXICAB DRIVER IDENTIFICATION

BUSINESS NAME:

DRIVER'S FULL NAME:

NEWMARKET BUSINESS LICENCE #



- Must be provided upon request
- Displayed at all times & visible
- New drivers are required to be registered with the Town