



**Town of Blind River
Application for Taxi Cab Vehicle Licence**

Total Licence fee : \$ _____

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

Application for: New Taxicab Vehicle Licence Renewal of Taxicab Vehicle Licence

Please Print

Last Name:		Given Name (s):	
Address:			
Phone:	Cell:	Fax:	
Email:			

I/We _____ own and operate the following vehicle(s) under the name of

(Name of Taxi Stand)

Year	Make	Model	Licence Plate No	V.I.N
1.				
2.				
3.				
4.				
5.				

A copy of a Safety Standards Certificate for each vehicle is required to be attached.

The Broker's Licence for this taxi stand is held by _____.

The applicant has provided a copy of a policy issued by _____
(Name of Insurance Company)

insuring the applicant in the amount of \$ _____, against liability for damages resulting in injuries or death occasioned by an accident arising from the operation of the taxi cab in respect of which a license is applied for and against claims for damages to the property of others arising out of the operating of such taxi cab.

I /We _____, declare that:	
The information contained in this form is true to the best of my knowledge.	
_____	_____
Date	Owner
_____	_____
Date	Owner

Date

Clerk Administrator

Date

By-Law Officer