



APPLICATION FOR A TAXICAB OWNER'S LICENCE

Pursuant to By-law #014-2014

Owner Information

COMPANY NAME: _____

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

EMAIL: _____ # OF VEHICLES: _____

REQUIRED DOCUMENTATION:

☐ Copy of Business Registration or Articles of Incorporation

☐ Current WSIB Compliance Certificate

Insurance Information

COMPANY NAME: _____

AGENT: _____

ADDRESS: _____

POLICY NUMBER: _____

EXPIRY DATE: _____

☐ Proof of Insurance (Liability not less than \$2,000,000.00 per occurrence)

Note: As required by By-law #014-2014, Section 8, Insurance, please attach a letter from the insurance company addressed to the Town of Cobourg which certifies that the insurance policy is in full force and effect in accordance with all of the requirements of By-law #014-2014.

Declaration

I certify the above information to be correct in all respects and I hereby agree to comply with all of the requirements of By-law #014-2014 relating to a Taxicab Owner's Licence:

Date

Owner's Signature

*Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended, Inquiries about the collection of personal information should be directed to the Municipal Clerk.

Corporation of the Town of Cobourg

55 King Street West, Cobourg, ON K9A 2M2 Phone (905) 372-4301

www.cobourg.ca



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Pursuant to By-law #014-2014

COMPANY NAME: _____

Vehicle Information

MAKE: _____

MODEL: _____

YEAR: _____

V.I.N: _____

PLATE: _____

OWNER REFERENCE NUMBER (optional): _____

☐ Copy of Vehicle Permit Attached

Semi-Annual Inspections:

1st Inspection

2nd Inspection

Safety Standards Certificate

Date Completed:

Date Completed:

Vehicle Inspection/Meter Calibration

Date Completed:

Date Completed:

For Office Use Only

Application Fee: New \$150.00 Renewal \$150.00 Transfer \$85.00

Cash _____ Cheque _____ Debit Author # _____ (Please attach Receipt)

Received by _____ Date Received _____

Licence Issue Date: _____

Assigned Licence #:

Authorizing Signature: _____

Licence is Valid from date of Issue until November 30 of following year

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